

THE PRESIDENT'S PERSPECTIVE

By William Rayburn, MD, MBA
President, Society for Academic CME

The report from the **2018 AAMC/SACME Survey of Academic CME/CPD in the United States and Canada** was marked by a high response rate (73.3%). Results of the survey point toward several opportunities for CME/CPD units in the coming years. We should provide learning experiences and expertise that support the strategic goals at your Academic Medical Center (AMC). You can grow in your connections and relationships with the other relevant units connected to your AMC. We should also increase our access to quality data and have it direct our educational activities to enhance both clinician performance and patient outcomes.

As CME/CPD units continue to incorporate **innovative educational strategies** into their activities, it will become increasingly important to study these advances in a scholarly manner to ensure a higher value education for our learners. I am thrilled that we had the best ever response to abstract requests (113 submissions) for our annual meeting! Advances will allow the contemporary CME/CPD unit to become the educational home for physicians and other healthcare professionals, assisting them in determining their educational needs across all the domains of competency.

I hope that you will be joining us in Charleston, South Carolina for the **annual SACME meeting**. The theme will be “Hindsight, Insight, and Foresight into Continuing Medical Education.” We promise learning opportunities for everyone, with many new formats beyond expert lectures and panel discussions. For example, we will have “lightning rounds” of poster presentations, learn at lunch with a variety of table talks, breakout workshops, and special interest group sessions.

I have asked Dr. Ajit (Sach) Sachdeva to write a regular report in each INTERCOM issue about progress with the newly-formed **Academy of Fellows** of SACME. Two programs being pursued involve a national certificate program for leadership in academic CPD and a mentor-

ship program from SACME members. At the SACME Board of Directors retreat in September, there was overwhelming enthusiasm for developing a mentorship program for our diverse membership. More specifics will be mentioned during the annual meeting in February 2019.

Lastly, I wish to express my appreciation to all **volunteers for our Society** and those who take time to provide advice for furthering our membership benefits package and additions to the annual meeting. Their ongoing commitment to advancing health care education is vital to the mission of our Society. Patients, families, and communities benefit for their time and talent! Hopefully, we can attract you to serve on a committee of your choosing. Check out our website at www.sacme.org and let us know how you may be better served or engaged.



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UPDATES FROM THE AAMC

By Lisa Howley, MEd, PhD, Senior Director of Strategic Initiatives and Partnerships

The AAMC advances key initiatives and provides opportunities to discuss and promote medical education. Below are updates that are relevant to our colleagues in continuing medical education and continuing professional development.

AAMC, SACME Survey Report Examines Continuing Medical Education and Professional Development in Academic Medicine

The AAMC and the Society for Academic Continuing Medical Education (SACME) have published [Academic CME/CPD in the United States and Canada: Results of the 2018 AAMC-SACME Harrison Survey](#). The report guides the placement and alignment of Continuing Medical Education/Professional Development (CME/CPD) units within an academic medical center and is based on responses from 118 U.S. and Canadian medical schools. The survey results found that nearly all academic CME/CPD units reported developing educational curricula, and 39% were engaging in the institutions' strategic planning, among other key findings.

Efforts to Respond to the Opioid Epidemic Across the Medical Education Continuum

The AAMC awarded four Curricular Innovation Awards, funded in part by the Samueli Foundation, recognizing the leadership of medical education programs at the undergraduate, graduate, and continuing education levels that provide innovative pain, substance use and addiction training, including non-pharmacological approaches to patient care. The awardees are: University of Massachusetts Medical School, University of Michigan School of Medicine, Uniformed Services University of the Health Sciences (USUHS), and Warren Alpert School of Medicine at Brown University. Stay tuned for a new AAMC's Challenge Grant Opportunity to be announced in early 2019. Five challenge grants will be awarded a \$25,000 stipend, funded in part by the Samueli Foundation, to develop resources to support the collaborative

efforts of educators across the medical education continuum. For more information on AAMC's response to the opioid epidemic, visit www.aamc.org/opioidresponse



The AAMC Quality Improvement and Patient Safety (QIPS) Collaborative

The education in quality improvement (QI) and patient safety (PS) is now being endorsed at all levels of medical education and professional training, yet the specific knowledge, skills, and attitudes necessary for students, residents, and physician faculty to gain competence in the disciplines of QIPS have not been formally agreed upon or published by national medical education bodies. The goal of the project is to create consensus around a set of tiered competencies for QIPS that will be aligned with the common competencies first adopted in 1999 by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS). These competencies will be tiered according to practice level and include developmental progression within each of three levels (student – resident/fellow – faculty/leader). These measurable competencies will be intended to serve as a roadmap for curricular and professional development, performance assessment, and improvement of health care services and outcomes. Over the course of 18 months, the AAMC has engaged hundreds of stakeholders in numerous focus groups and a survey method ([modified Delphi](#)) to gather input from the broad medical education (UME, GME, CME), patient care, and quality and patient safety communities. This feedback has led to the drafting of competencies representing five domains of patient safety and quality improvement. The third draft will be shared during a concurrent session to be held at the [AAMC Learn Serve Lead](#) meeting on November 4, 2018 in Austin, Texas. We anticipate publishing the AAMC QIPS Competen-

cies v1.0 in early 2019. If you would like to more information, visit www.aamc.org/initiatives/quality/qips or write QIPS@aamc.org

2019 Regional Call for Proposals Now Open

Proposals are now being accepted for the 2019 Group on Educational Affairs (GEA) Regional Spring Meetings. To review submission guidelines and submit a proposal click on the appropriate link below. All submissions must adhere to the structure and format described in each session type's submission guidelines. Deadline for submission is **November 12, 2018 at 11:59pm EST**. For more information please contact educationalaffairs@aamc.org

- **CGEA:**

[2019 Central Group on Educational Affairs Spring Meeting \(CGEA\)](#)

March 27-29, 2019, in Grand Rapids, Michigan

- **SGEA:**

[2019 Southern Group on Educational Affairs Spring Meeting \(SGEA\)](#)

March 27-30, 2019, in Orlando, Florida

- **WGEA/WGSA/WOSR**

[2019 Western Group on Educational Affairs/ Western Group on Student Affairs/Western Organization of Student Representatives Spring Meeting \(WGEA/WGSA/WOSR\)](#)

March 28-31, 2019, in Reno, Nevada

- **NEGEA:**

[2019 Northeast Group on Educational Affairs Spring Meeting \(NEGEA\)](#)

April 4-6, 2019, in Philadelphia, Pennsylvania

Learn Serve Lead 2019 Medical Education Calls for Submissions Now Open

Proposals are now being accepted for the 2019 AAMC Learn Serve Lead Meeting in Phoenix, AZ. To review submission guidelines and submit a proposal click [here](#). All submissions must adhere to the structure and format described in each session type's submission guidelines. Please note that this call includes the Research in Medical Education (RIME) papers. Deadline for submission is **December 10, 2018, at 11:59pm EST**. For more

information please contact educationalaffairs@aamc.org

Academic Medicine Calls for Conversation about Trust in the Health Professions

Academic Medicine recently announced the next topic for its ["New Conversations"](#) series: trust in the health professions environment. The journal is encouraging authors to consider the question "What can academic health centers do to reestablish trust with patients, students, health professionals, and communities?" Relevant submission topics might include: the admissions and selection system for medical school and residency; assessment, promotions, and remediation systems; supervision and feedback in the clinical environment; patient safety, communications, and quality improvement; and continuing professional development and maintenance of certification. *Academic Medicine* is also seeking submissions that address trust between the community and academic health centers; trust between various members of the health care team; and trust between payors and health care professionals.

New National Academy Action Collaborative Paper on Reducing Clinician Burnout

The National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience, co-chaired by Darrell G. Kirch, MD, AAMC president and CEO, has published a new [discussion paper](#) that explores optimal team-based care and its role in both reducing clinician burnout and achieving better patient outcomes. The authors describe key features of successful health care teams, review existing evidence that links high-functioning teams to increased well-being, and recommend strategies to overcome barriers to optimal team-based care.

National Academy discussion paper on person-centered health information systems

Patient-centered health care technology has the potential to reduce clinician burden, according to a new [discussion paper](#), and will require collaboration across multiple sectors, a willingness to share data, and the development of universal standards. The paper, "A Vision for a Person-Centered Health Information System," was published by the National Academy of Medicine.

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Announcing the 2018 AAMC Award Winners

These leaders in academic medicine are being honored for their outstanding contributions to medical education and the biomedical sciences. [AAMCNews](#) details their contributions and accomplishments.

AAMC, FSMB Presidents Discuss Issues Impacting Physicians in New Video

In a recent episode of the Federation of State Medical Boards (FSMB) [Spotlight video series](#), FSMB President and CEO, Hank Chaudhry, DO, and AAMC President and CEO Darrell Kirch, MD, discuss both organizations' participation in the [Coalition for Physician Accountability](#) and reflect on the future of medicine and healthcare in the United States. Dr. Kirch also shares his intention to remain committed to issues of clinician well-being after his tenure as AAMC president concludes.

IPEC Interprofessional Leadership Development Program (ILDP)

The [call for applications](#) for the February 6-8, 2019, IPEC Interprofessional Leadership Development Program (ILDP) is now open. Applicants for the 2019 IPEC ILDP should either be a dean (and other senior academic administrators with similar institutional responsibilities) and/or administrators who are responsible for integrating IPE in school-wide learning experiences. For this program, deans and senior administrators from multiple schools at the same institution are strongly encouraged to attend as a team, along with their campus-wide IPE administrator. Early bird applications are due by **January 7, 2019**.



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UPDATES FROM THE ACCME

By Graham McMahon, MD, MMSc, President and CEO, ACCME

At ACCME, we've continued to focus on advancing quality learning for healthcare professionals that drives improvements in patient care. We're working hard to make meaningful change for educators, clinicians and teams, and ultimately patients.

Please read about our recent initiatives below and visit our website, www.accme.org, for additional information. As always, please do not hesitate to reach out and let us know how we can help you continue to provide CME that makes a difference.

ACCME Data Report Shows Increasing Growth and Diversity in Accredited CME

We are pleased to release the *ACCME Data Report: Growth and Diversity in Continuing Medical Education—2017*. The report includes data from our community of more than 1,800 accredited CME providers that offer clinicians and teams an array of educational resources to promote high-quality, safe, and effective care for patients.

Key Takeaways – A Vibrant, Growing Community

- Approximately 1,800 accredited CME providers offered close to 163,000 educational activities in 2017.
- This education comprised more than 1 million hours of instruction and included 28 million interactions with healthcare professionals.
- Since 2016, the number of educational events have increased 3%, hours of instruction increased by 4%, and interactions with clinicians grew 4%.
- The data represents the highest numbers accredited CME providers have reported during the past 10 years: the number of activities, hours of instruction, and interactions have increased, despite some consolidation among CME providers.
- Over the past decade, the number of interactions with physician learners has grown 37% and the number of interactions with other learners (non-physician healthcare professionals such as nurses,

physician assistants, and pharmacists) increased nearly 90%.

As the CEO of ACCME—and a physician—I'm excited about the growing engagement of clinicians in accredited CME. I thank our educators for the work they do every day to deliver high-quality CME that provides immediate and long-term benefits to patients, families, caregivers, and all of our communities,



To access the data report, visit www.accme.org/publications/accme-2017-data-report.

ACCME Launches New Website

The new ACCME website is live. You can see it at www.accme.org. Based on input from the CME community, our aim was to produce a more user-friendly and streamlined website. You'll find the information you are used to accessing, but we improved the navigation and made the site mobile-friendly, so you can easily find the information you need and access the site from any device.

New Features:

- Our home page keeps you up-to-date with the most recent news, upcoming events, and information from the CME community.
- Our Accreditation Rules tab gives you one-click access to the information you told us you need the most: Accreditation Criteria, Standards for Commercial Support, and Policies.
- The Resources tab gives you one-click access to FAQ, examples of compliance and noncompliance, videos, and more.
- Our new “Our Stories” section gives CME providers the opportunity to share real-world examples about how their initiatives make a difference to clinicians and patients.
- We've included a link to PARS in the top banner, accessible from any page of the website.

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We thank everyone who participated in our initial user interviews and sneak peek survey at the ACCME 2018 Meeting.

CME that Counts for MOC: New Collaborations

We are collaborating with two more certifying boards: The American Board of Otolaryngology - Head and Neck Surgery (ABOHNs) and the American Board of Ophthalmology (ABO).

All accredited CME providers in the ACCME System are now welcome to register their activities in the Program and Activity Reporting System (PARS) for ABOHNs MOC. Activities with a start date of on or after January 1, 2018 are eligible. The requirement to receive previous approval from ABOHNs has been eliminated. ABOHNs Board-Certified Physicians can earn MOC credits for Lifelong Learning and Self-Assessment (Part II) and Patient Safety by participating in accredited CME that meets the ABOHNs MOC requirements.

We expect the ACCME/ABO collaboration to launch later this year. Watch for upcoming announcements.

The collaboration with ABOHNs and ABO continues the ACCME's commitment to supporting the goals of MOC and to easing burdens on physicians by enabling them to meet multiple professional requirements by participating in accredited CME. We've also developed collaborations with these American Board of Medical Specialties (ABMS) member boards: the American Board of Anesthesiology (ABA), the American Board of Internal Medicine (ABIM), the American Board of Pathology (ABPath), and the American Board of Pediatrics (ABP).

Activities registered for CME that counts for MOC display in CME Finder (www.cmfinder.org), a publicly available, online CME search tool that offers a one-stop resource for physicians seeking to earn MOC credits by participating in accredited CME.

Learn more at www.accme.org/abohns-moc.

New Opioid REMS CE Data Report

We also released a data report showing the scope of continuing education (CE) activities offered by accredited providers within the ACCME Accreditation System in support of the US Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategies (REMS) for Extended-Release and Long-Acting (ER/LA) Opioid Analgesics.

The report shows that 109 accredited providers in the ACCME System reported 892 REMS-compliant activities educating nearly 400,000 learners across the country. The report includes information about the geographic distribution of activities, the activity types, the provider types, and the percentages of activities designed and analyzed for changes in competence, performance, or patient outcomes. In addition, this new report includes a list of the participating CE providers.

Download the PARS Data about ER/LA Opioid REMS CE Activities at www.accme.org/publications/2018-report-erla-opioid-rems-cme-activities-pars.

Save the Date

ACCME 2019 Meeting: Spring Forward: Plan to join the ACCME for our third annual meeting on April 30th - May 2nd at the Hyatt Regency Hotel Chicago (pre-conference sessions on April 29th). The ACCME 2019 Meeting will be a key opportunity for advancing your educational program, whether developing strategies for meeting the expectations of ACCME's Menu of Criteria for Accreditation with Commendation; pursuing public health imperatives; or seeking opportunities to bring technology, creativity, and innovation to your educational program. For more details, visit www.accme.org/events/accme-2019-meeting.

CME for MOC: Ask Your Questions Webinars: We are continuing to offer our series of bimonthly beginner and advanced webinars to discuss strategies for planning CME that Counts for MOC and to answer provider questions. For providers that have more experience, our next "Advanced CME for MOC: Ask Your Questions" webinar is on November 13. For providers that have not yet offered CME for MOC or have just offered a couple of activities, our next "Beginner CME for MOC: Ask Your Questions" webinar will be scheduled in January 2019. Registration information is available on the events section of our website, www.accme.org/events.

State Medical Board Pilot

ACCME and Board of Medical Examiners in Tennessee have launched a voluntary, year-long pilot program that will enable CME providers to report physician participation in CME directly to the Board. The ACCME and the Board are engaging in this collaboration because they share the goal of reducing regulatory burdens on physician learners. This will simplify the process for physicians, who will not have to report their participation themselves because their continuing medical education (CME) transcripts will be conveniently and securely shared directly between the accredited educational provider and the Board.

If the pilot is successful, the ACCME's goal is to explore similar collaborations with other state boards. Learn more at www.accme.org/state-medical-board-pilot.

For regular updates on ACCME, please visit our website (www.accme.org), or follow us on Twitter (<https://twitter.com/AccreditedCME>), Facebook (<https://www.facebook.com/AccreditedCME>), Instagram (<https://www.instagram.com/accrerditedcme/>), and LinkedIn (<https://www.linkedin.com/company/AccreditedCME>). For questions, email info@accme.org.

Recent Journal Publications

"Inspiring Curiosity and Restoring Humility: The Evolution of Competency-Based CME," Academic Medicine: In this commentary, Graham McMahon, MD, MMSc, President and CEO, ACCME, argues that the critical questions the profession faces are whether physicians have the humility to routinely submit themselves to the judgment of their peers, whether they will accept responsibility for managing their professional competence and that of their colleagues, and whether they are willing to create a process for identifying and remediating underperforming clinicians. Dr. McMahon states, "By assuming responsibility for their own continuing competency and that of their colleagues, physicians can manifest their commitment to their patients and their profession."

"Learning in the 21st Century: Concepts and Tools," Clinical Chemistry: Nader Rifai, Professor of Pathology, Harvard Medical School, Director of Clinical Chemistry, Boston Children's Hospital, interviews four experts to explore new educational concepts and tools and address the larger societal and professional issues related to learning. Experts include Todd Rose, Cofounder and president of Populace and faculty member at the Harvard Graduate School of Education; Graham T. McMahon, MD, MMSc, President and CEO, ACCME; Bror Saxberg, Vice President, Learning Science at the Chan Zuckerberg Initiative; and Ulrik Juul Christensen, Executive Chairman and Founding Partner of Area9 Group.

"Translating Evidence into Practice: Lessons for CPD," Medical Teacher: In this article, David Davis,

MD, Professor, Medical Education and Senior Director, Center for Outcomes & Research in Education, Mohamed Bin Rashid University, and Graham McMahon, MD, MMSc, President and CEO, ACCME, assert that safe and effective clinical care is highly dependent on continuing professional development and outline a series of recommendations to help organizations achieve their mission of better care, better health, and lower costs by leveraging the science of learning and human resource management as key strategic priorities.

"Transparency in Continuing Medical Education," Lancet: Graham McMahon, MD, MMSc, President and CEO, ACCME, responds to inaccuracies about joint providership conveyed in an earlier Lancet article, "The same rules for transparency and independence from industry apply to all accredited CME: accredited organizations working with joint providers are accountable for upholding all accreditation requirements," Dr. McMahon writes.

"Safeguarding Physician Education from Inappropriate Influence," International Journal of Radiation Oncology, Biology, Physics: ACCME's President and CEO, Graham McMahon, MD, MMSc, describes the importance of ensuring that accredited CME offers clinicians a protected space to learn and teach without commercial influence and the role of the medical community in helping physicians differentiate between accredited activities and the promotional activities of industry.

ABMS MEMBER BOARDS MOVE FROM MOC PILOTS TO PERMANENT PROGRAMS

Programs Provide Innovative Options to Periodic Exams

By Ruth Carol

Three Member Boards of the [American Board of Medical Specialties](#) (ABMS) will be making their Maintenance of Certification (MOC) pilot programs permanent options in 2019.

These programs will offer innovative options to the traditional examinations for the American Board of Anesthesia (ABA), American Board of Obstetrics and Gynecology (ABOG), and American Board of Pediatrics (ABP). They may offer both time and cost savings to physicians certified by these Boards by reducing or eliminating the need for study courses, travel to exam centers, and time away from practice.

Overall, the programs allow physicians to assess their knowledge, fill knowledge gaps, and demonstrate their proficiency. In general, the three Boards' programs engage Board Certified physicians in answering 80 to 120 questions per year. The assessments allow for the development of practice-relevant content; offer convenient access on computer, tablet, or smartphone; and provide immediate feedback and guidance to resources for further study.

ABA launched the web-based MOCA Minute® in 2014 to help its physicians prepare for the 10-year Maintenance of Certification in Anesthesiology (MOCA) Cognitive Examination. A [study](#) of that pilot found that physicians who actively participated in MOCA Minute performed better on subsequent MOCA Exams than those who did not participate. In 2016, ABA expanded the pilot with the launch of MOCA 2.0®, its redesigned web-based continuing certification program, the cornerstone of which is MOCA Minute. Anesthesiologists have responded enthusiastically to this longitudinal assessment approach, noting that they get more out of it than they did the exam. In 2017, 77 percent of diplomates surveyed reported that the MOCA Minute is serving them "somewhat" or "very well" as an assessment tool. Learn more about the [MOCA Minute](#) and [MOCA 2.0](#).

Launched in January 2016, ABOG's MOC pilot program combines lifelong learning and self-assessment (LLSA)

with periodic external assessment (e.g., ABOG's MOC exam given every six years). ABOG's program is an article-based self-assessment that focuses on maintaining knowledge of new and important changes in obstetrics, gynecology, and women's health care. The articles (with corresponding questions) showcase new studies, practice guidelines, recommendations, and up-to-date reviews. Board Certified obstetricians-gynecologists who reach a threshold of performance designated by ABOG during the first five years of the MOC cycle can choose to opt out of taking the MOC Year 6 exam. Diplomates are still required to complete their annual article-based self-assessment in Year 6. After completing LLSA requirements each year, a diplomate also earns 25 *AMA PRA Category 1 Credits™* from the American College of Obstetricians and Gynecologists. An overwhelming majority (90 percent) of diplomates in their six-year MOC cycle view the article-based assessment as an "extremely relevant" or "relevant" MOC activity, according to 2016 and 2017 survey feedback. [Read more about this innovative approach to MOC.](#)

ABP's Maintenance of Certification Assessment for Pediatrics (MOCA-Peds) is its online, non-proctored assessment platform. Pediatricians who meet the passing standard for participating in MOCA-Peds at the end of Year 4 will not be required to participate in Year 5, which is when the exam would have been given. ABP also will offer lifelong learning credit to MOCA-Peds participants for each year they meet the passing standard. Launched as a pilot in January 2017 for general pediatrics, ABP will add the subspecialties of child abuse, gastroenterology, and infectious disease in 2019. Then, each year through 2022, ABP will roll out the program for three or four additional subspecialties until all 15 subspecialties are included. For the remainder of 2018, ABP will continue to adjust the platform. [Learn more about ABP's MOCA-Peds.](#)

To date, nearly all of the Member Boards are exploring innovative alternatives to traditional testing.

ABMS link: <https://www.abms.org/>

Study link: <http://www.theaba.org/ABOUT/News-Announcements/Aesthesiology-Publishes-ABA-Research-on-2014-MOCA>
MOCA Minute link: <http://www.theaba.org/MOCA/MOCA-Minute>

MOCA 2.0 link: <http://www.theaba.org/MOCA/About-MOCA-2-0>
Read more about this innovative approach to MOC link: https://www.abog.org/new/ABOG_PilotToPermanent.aspx

Learn more about ABP's MOCA-Peds link: <https://www.abp.org/mocapeds>

ABMS APPROVES NEW NEUROCRITICAL CARE SUBSPECIALTY

By Ruth Carol

The [American Board of Medical Specialties](#) (ABMS) approved subspecialty certification in Neurocritical Care, a medical specialty devoted to the comprehensive multi-system care of the critically ill patient with neurological diseases and conditions, at its June Board of Directors meeting in Chicago.

Patients with neurological conditions who are critically ill require physicians who are knowledgeable in the examination, evaluation, and care options of both the primary neurological condition as well as the associated critical care conditions. Integrating the management of these conditions may require approaches that differ from those of the general critical care population, and can best be addressed by a physician with subspecialized training in both areas, according to the published medical literature. These physicians not only provide direct care, but also lead and train a team of physician extenders, nurses, pharmacists, and other professionals who are aware of the specific needs of this unique patient population.

The American Board of Psychiatry and Neurology, Inc. (ABPN) submitted an application for the new subspecialty that is co-sponsored by the American Board of Anesthesiology (ABA), American Board of Emergency Medicine (ABEM), and American Board of Neurological Surgery. Physicians certified by these four ABMS Boards who meet the eligibility criteria will have the opportunity to become certified in Neurocritical Care. ABPN will now submit a proposal to the Accreditation Council for Graduate Medical Education for accreditation recognition of the Neurocritical Care subspecialty.

There will be a six-year practice pathway for neurologists, neurosurgeons, anesthesiologists, and emergency medicine physicians who have either completed a Neurocritical Care fellowship or who document required practice experiences. The practice pathway will start at the time the first exam is offered. Eligible pathway criteria will be published on the ABPN website by the end of 2018, with the first administration of the exam in either 2020 or 2021. Read more at [ABA](#), [ABEM](#), and [ABPN](#).

ABMS link: <https://www.abms.org/>

MEMBER BOARDS ADVANCE CERTLINK PILOTS

Early Feedback is Positive
By Ruth Carol

All of the American Board of Medical Specialties' (ABMS) Member Boards engaged in [CertLink](#)® have launched their pilots. They are the American Boards of Colon and Rectal Surgery, Dermatology, Medical Genetics and Genomics, Nuclear Medicine, Otolaryngology - Head and Neck Surgery, Pathology, and Physical Medicine and Rehabilitation.

CertLink is ABMS' online platform designed to support longitudinal assessment programs that help physicians evaluate their knowledge, fill knowledge gaps, and demonstrate proficiency. The platform facilitates the creation of assessments that are focused on practice relevant content; offers access via desktop or mobile device (depending on the Board's program); provides immediate, focused feedback and guidance to resources for further study; and presents a personal dashboard that displays areas of strength and weakness.

To date, more than 5,000 board certified physicians are active on CertLink. They have answered nearly 110,000 questions across the seven Boards. Participants have given CertLink a 96 percent approval rating.

CertLink website: <https://www.abms.org/initiatives/certlink-platform-and-pilot-programs/>

SO YOU HAVE A SIMULATION LAB, NOW WHAT?

By Samantha Hernandez, MSN, MSW, MHA

Simulation is an excellent teaching method for many skills and has found to be effective for learning in adults, once the environment is both participative and interactive. Having a lab is a functional part of the success. Finding the right team, funding and stakeholder support are also important to survive.

Benefits

Simulation is a teaching method that attempts to replicate aspects of a real-life experience in a safe environment that is conducive for continued development of critical thinking, reasoning, and judgment skills with the use of clinical and nonclinical scenarios. To facilitate the learning, participants engage with high/low fidelity mannequins, task trainers and/or standardized patients in various settings. This is a unanimous educational platform as the participants and educators are able to debrief the session with immediate feedback and reflective critical thinking that allow them to analyze the team's dynamic, individual performance, communication, situational awareness and benefits of patient outcome from the exercise. There is the option also of using the recorded video footage of the demonstrated behavior during the scenario. Since we are guided by the "Vegas Rule" (What happens in Vegas Stays in Vegas!), confidentiality is required of participants to preserve the realism of the scenarios and equitable learning experience for all.

Keeping the doors open-Costs of a Simulation Lab

Financial support is the primary ingredient for the lab's survival since many programs are not income driven, this can pose as a challenge. These are some ideas that can be helpful:

- 1) Create a Simulation Committee that consists of decision making stakeholders that can experience the growth and progress with monthly reports of the center's activities. By having influential members on the committee, it will impact the perceived value of the labs contribute to the organization and participants. Leadership involvement is essential for continued support.
- 2) Initially, to keep cost low, hire an operations director who can coordinate all the lab's daily activities, including scheduling, set up, supervision, evalua-
- 3) To conduct a session with experts in the area, hire retired professionals as consultants/educators, as needed. This will minimize the cost in the operational budget for additional full-time employees and benefits. As an expert is not needed every day and only for the specific session, this will provide the opportunity of having a variety of experts in different areas. Along with more space for simulation needs and less for office space.
- 4) Create job descriptions for a part-time/as needed secretary and standardize patients. This can be voluntary, an internship with or without a stipend or an hourly paid position. Distribute it to the local colleges and universities human resource offices. There are many talented individuals that are interested in 2-3 hours a work. Maintain a contact list of the ones that worked and their availability (the list should be every semester) to use as needed. Hosting an open house for the local high schools in the community for seniors can be beneficial as some will be looking for employment or attending school in the community. Having the opportunity to explore the work that is being done may spark the interest to volunteer/internship or seek employment after graduation. When possible, another way to minimize cost is to request the session be taught by a staff from the department.
- 5) Daily enhancement of technology has become a common part of the industry, as the experience with a simulated patient situation no longer requires mannequins or standardized patients but the

tion, monthly progress report and newsletter for the program(s), and maintaining compliance within practice standards. It is imperative that the person works closely with the Simulation Committee for the guidance of their vision.



integration of virtual reality. The cost of virtual programs can be expensive; working with the IT department and schools/universities can be a cost-effective resource.

- 6) For 501c3 organizations, work with healthcare foundations, government and financial institutions who all provide grants and submit for consideration. Other approaches to increase funding are to purchase new equipment and engage local businesses by increasing awareness of the work and benefits.

Transparency/Communication and Buy-In

Something that every program strives to avoid is the confidentiality of its existence. We can have all the bells and whistles but if no one knows the lab exists participation and support can be limited. These are some ways in which you can increase the use of the lab and gain credibility within the community:

- 1) For sustainability, there must be a personal value associated among the community the lab is intended to serve. One approach would be to have every department within the organization or system invest a fraction of their annual budget, approximately 2-5%. This will place the accountability on the department leaders, as no one wants to invest in a service they will not utilize. The lab will be utilized daily and financially supported with possible good research projects for publication.
- 2) Regardless of the industry, annual goal(s) are established to improve service delivery, have departmental teams work together to create a yearly project dependent on the using simulation.
- 3) Collaborate with professional governing bodies to create a simulation program(s) that is aligned with their annual initiative, offer CME credits and discounts to their members for attending.
- 4) To minimize liability cost for professional, collaborate with companies that provide liability insurance for professional to create a program that will give the participant a discount to the members on their yearly policy for attending one of your classes (their area of specialty in crisis).
- 5) Invest in an App developer or work with your IT Department to create an application to measure your outcomes, specific to needs such as track attendance, date, time of the sessions, department,

participants being able to complete pre/posttest and course evaluation. This will increase transparency if the participant receives an email comparing pre/post-test results and as a team at the end of the session show the result. For the leadership in the organization, the program must be able to create reports that delineate the laboratory use, comparison of the pre/post test results and evaluation of each session. The results are like currency to use with stakeholders, as it provides concrete facts of the utilization, progress, and benefits of the monthly participation.

Productive Sessions Set Up

In order to the director the behavior of the sessions, there must be policies and practice guidelines in place. The center's policies, vision, and mission need to be associated with the population being serviced and annually revised to endure that it is in alignment. The uses of the template will facilitate this by making the sessions easy to create and set up.

- 1) Create a template to help educators identify the 5W/1H, pre/posttest (if need) and course evaluation.

What: background information as to the goal of the session and expected outcome

Why: identify the gap in the literature, reasons for quality improvement or session

When: how many sessions, how long, weekday or weekend, morning, afternoon, evening, or midnight, start/end date...

Where: sessions are conducted in the lab and/or in-situ, on the unit

Who: team involved, staff need, an expert in the field

How: material needed to accomplish the goal(s) of the tentative session(s), type of mannequin, task training, and standardized patients, moulage ...

The End

We are all in agreement to some extent that simulation can be a realistic educational experience that gives participants the chance to hone skills before working with real patients and possibly minimizing medical errors while increasing team dynamic, communication and mutual respect but the strategies use to keep the doors open of the lab and active is very important.

2018 AMEE ANNUAL MEETING

By Betsy Williams, PhD, MPH; Mary Turco, EdD, FSACME; and David Wiljer, PhD; Mindi Kenna, PhD, MBA; Mila Kostic, CHCP, FACEHP

For the first time, SACME had a booth at the AMEE conference (Association for Medical Education in Europe) conference in Basel Switzerland. A number of SACME members attended the annual AMEE meeting. As AMEE is an international conference, visitors to our booth came from a broad geographic range including Africa, Australia, Canada, the United States, the Middle East, New Zealand, the Far East, and many European countries. Approximately 4,000 attendees were at the meeting this year. Many attendees visited our booth to pick up written materials or speak to the SACME members who helped man/woman the booth (thanks to all of you!).

Guests to the booth received information about JCEHP, the 2019 SACME annual conference February 27 - March 1, Charleston, South Carolina- Visit <https://sacme.org/https://sacme.org/AnnualMeeting/> for meeting details, SACME's Virtual Journal Club, and our recently published CPD book, Continuing Professional Development in Medicine and Health Care. Several of the visitors expressed interest in our organization's mission and our focus on scholarship and mentorship. Some wondered about the possibility of having the Virtual Journal Club at a time of day when overseas colleagues might be able to participate.

We appreciated that our booth was placed in close proximity to booths for Academic Medicine, Association of American Medical Colleges (AAMC), National Board of Medical Examiners (NBME), and the European Board of Medical Assessors. It was a pleasure to be surrounded by these colleagues. We were grateful that the meeting planners placed our booth near such great colleagues (and refreshments!) to ensure that throughout the week we had a constant flow of interested visitors to our table.

We look forward to having a booth next year at AMEE 2019, which will be in Vienna, Austria. We express our appreciation to all who helped, including our Bostrom colleagues who compiled the necessary materials in a very short time frame.

During the AMEE meeting members of the Scholarship Committee leadership team (David Wiljer, Chair; Mila Kostic, Capacity Building Subcommittee Chair; Mindi McKenna, Grants & Awards Subcommittee; Mary Turco Consultant to the Scholarship Committee and Status of Discipline Subcommittee Co-Chair; and Betsy Williams, Past Scholarship Committee Chair) had the opportunity to meet and discuss short and long terms goals for the upcoming year. We discussed potential topics for our Fundamentals in Medical Education Scholarship (FuMES) annual meeting pre-conference workshops and other ways we can increase our members' participation in scholarly activities.

At AMEE, many SACME members contributed to pre-conference and conference workshops, podium presentations and posters which enriched programming at the meeting. We attended a CPD Special Interest Group at AMEE and discussed potential initiatives that could contribute to the global advancement of CPD. There are plans next year to have a dedicated track to CPD and we encourage all of you to consider submitting an abstract and attending the 2019 AMEE meeting in Vienna, August 24 to 28, 2019.

As members of the Scholarship Committee, we are extremely proud of the work that our SACME members presented. It was a privilege for all of us to be at this year's AMEE meeting to share information about SACME and see the amazing contributions of our members.

*Society for ACADEMIC
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STRENGTH IN NUMBERS?

Linking Efforts Across the Continuum

By Ginny Jacobs, MEd, MLS, CHCP, FSACME

"If you want to go fast, go alone. If you want to go far, go together."

—African Proverb

Thomas Paine is referred to by many as the Father of the American Revolution. In advice directed to the "inhabitants of America" in 1775, his pamphlet entitled Common Sense noted that it is "**not in numbers but in unity that our great strength lies.**" Two hundred forty plus years after those words were penned, they resonate with me when considering what is needed to address the needs of our fragmented health system. Unity.

The pace of change that is resulting from rising patient expectations, advancements in diagnostic and treatment options, enhanced technological tools, and shifting funding and reimbursement models, places unprecedented demands on the healthcare professionals of today and tomorrow. This rapidly-changing landscape desperately calls for a creative, accelerated, and unified educational approach. Fully aware of that call to action, dedicated individuals from education offices, specialty societies, academic health centers, teaching hospitals, certifying medical boards, and accreditation systems all seek to contribute (in their own unique way) to their shared responsibility to generate and support an adaptive, resilient, well-informed, patient-centered workforce.

As one important aspect of the healthcare system, the medical education continuum (Undergraduate Medical Education - UME, Graduate Medical Education - GME, and Continuing Medical Education...herein after referred to as Continuing Professional Development/CPD) plays a critical role in helping frame the standards for shaping a well-prepared, productive team of healthcare professionals. Across that continuum, there are numerous opportunities to build a more productive, unified approach to ensure we meet our shared responsibility.

On that note, I am thrilled to see the timely theme attached to the **2019 Society for Academic Continuing Medical Education (SACME) annual meeting** which will be

held on February 26-March 1, 2019, in Charleston, South Carolina. The tag line for the conference is "***The Medical Education Continuum: Hindsight, Insight, Foresight***" which aptly describes the concepts we need to keep in mind during these turbulent times. Any effort to build unity across the medical education continuum will require we **learn from our past, examine the current state, and plan collaboratively for the future**. That requires we consistently look through the healthcare student's lens to study their learning experience, examine our structure, and connect our messaging and reinforcement strategies. All while remaining mindful of the environment which those students will come to know as their healthcare home.



The SACME conference will provide a forum to explore further collaboration as we provide our education community with an opportunity to share progress, link efforts, build momentum, and accelerate the pace of change we collectively need to pursue. Ultimately, our goal must be to instill a quality improvement (QI) mindset in our learners along with a lifelong commitment to professional development as a necessary strategic asset.

This statement of need may flow off the tongue easily, but it should be noted that even with ample opportunities for creative partnerships across the continuum, this is definitely the 'road less traveled.' Perhaps this is due, in part, to the significant complexities we each face when seeking to address any one portion of the healthcare system. My focus had been set squarely on the professional development requirements and maintenance of certification (MOC) necessary once a resident/fellow completed their residency, launched into practice, and was now seeking to maintain their licensure and certification requirements.

In continuing with my theme of personally getting out more and expanding my learning from others, I have been branching out and learning more about the UME

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and GME space. Admittedly, my initial reaction made me feel like a fish out of water. Over time, I have gained an increased appreciation for the connections that can be drawn between the GME and CPD functions through added exposure to different teaching hospital settings. In addition, I took the opportunity to attend the American Hospital Medical Education (AHME) meeting this past Spring. AHME acknowledges a place for CPD, however, they primarily focus upstream on the medical education continuum with an emphasis on the system and structure in place within institutions to enhance health care by improving the patient care delivered by resident and fellow physicians.

While many CPD professionals may lack formal training in the detailed complexities faced by our GME neighbors, it does not take much imagination to realize how each set of activities and initiatives can significantly impact each other. I find meaning in applying the metaphor of a relay race team and figuratively imagining each learner as a baton. I firmly believe we have an inherent obligation across the continuum to find ways to dovetail our efforts and plan for a clean handoff of the baton in terms of our messaging, expectations, curriculum planning, faculty development, and assessment.

There are several key touch points that provide opportunities for meaningful reflection on the respective roles we deliver across the individual, the program, and the system levels. For that reason, several elements should be important to all members across the continuum to include:

- The excitement that surrounds Match Day – that exhilarating day each March when medical students discover where they will be placed after graduation and where they continue their training over the next three to ten years (depending upon their specialty). That transition should be viewed as yet another important chapter in the student's professional development journey.
- The numerous challenges underlying the Graduate Medical Education (GME) resource allocation and funding streams driven by Medicare reimbursements intended to offset GME program expenses. The funding models are complicated and the dollars received typically do not adequately cover the costs associated with the training which relies heavily upon 'volunteer' preceptors.
- The descriptions that correspond with each of the Accreditation Council for Graduate Medical Education (ACGME) competencies and the steady focus paid to the achievement of each performance milestone. The training is designed to ensure the resident gains the appropriate breadth and depth of experience through their learning portfolio while receiving consistent, constructive feedback on their progress.
- The amazing transformation that occurs as students develop their professional identity. Some describe the underlying concept as "pretend until you become," while I have heard others dramatically portray it as a "cauldron of socialization and professionalization."
- The growing concern for physician well-being and the tremendous efforts being made across the land to address identified gaps in systems and tools designed to maintain a healthy, productive perspective. The overarching goal is to help individuals establish effective coping mechanisms in response to the demands of the medical profession. I appreciated the message delivered at the AHME meeting by an ACGME representative who stated, "We cannot permit an environment where treatment of trainees conflicts with the promise we make to our patients."
- The innovative focus on the Clinical Learning Environment Review (CLER) – a new mechanism instituted by the ACGME in the interest of "holding up the mirror" to what is occurring within residency programs. The CLER process is designed to provide constructive, non-punitive feedback to residency programs outside of the formal audit and review program which still consists of stringent requirements related to a self-study and a 10-year accreditation site visit. Are you (or other CPD leaders within your institution) involved in the CLER visits that occur within your institution? If so, what insights have you gained from that experience?
- Accreditation plays a unique role in raising the bar on the expectations of the healthcare system.
 - At the AHME meeting, Tom Nasca outlined the vision and strategies of the ACGME through accreditation to improve healthcare by assessing and advancing the quality of resident physician education and to doing so in clinical learning

environments characterized by excellence in care, safety, and professionalism.

- Similarly, Dr. Graham McMahon shared his perspectives on behalf of the Accreditation Council for Continuing Medical Education (ACCME) related to continuing professional development of the practicing physician. Graham's message highlighted the fact that education can be transformative. For example, we know self-assessment has its shortcomings and one way to think about our role as educators is to focus on the key principles required to match confidence and competence levels. Also, the ACCME's new menu of commendation criteria are designed to encourage CPD programs to address public health priorities, utilize health/practice data, promote team-based education, and achieve measurable outcomes.

While the finer details associated with each of the above-mentioned points may not yet be ingrained in the vernacular used by all CPD offices, there is no denying the shared responsibility those in medical education have for developing a competent, well-rounded workforce. That means developing and providing on-going support for physicians who....

- are aware of the responsibilities of the profession,
- appreciate the value of the team to ensure we deliver quality care and "do no harm" (i.e., avoid medical errors),
- strive to become master adaptive learners, and
- are committed to their role as a lifelong learner in the interest of providing high-quality, best care to their patients.

We all share the responsibility for strategically linking our educational and quality improvement efforts to meet our communities' healthcare needs. In so doing, we are wise to broaden our perspectives and understand the challenges and opportunities presented across the medical education continuum. In that way, we can more effectively align our efforts, since it is in that type of unity our great strength lies.

INTERCOM

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