

THE PRESIDENT'S PERSPECTIVE

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

Each of my perspectives has ended with thanks expressed to our many SACME members who volunteer their valuable time in making this a great organization. As your president, I have served on all SACME (Society) committees in some capacity. It has been a pleasure getting to know members of our finance, communication, scholarship, regional representative, membership, and program planning committees.

Recently, eight members of the Strategic Affairs Committee (SAC) met with me to review our progress as a premiere medical education society and to offer recommendations for the Board of Directors (Board) to consider as we move forward during this time of change. Being engaged before, during, and after our SAC meeting prompted me to reflect on strategizing and its importance to the vibrancy and success of our Society.

Strategic planning is any organization's process of defining its direction and making decisions to allocate its resources in pursuing this strategy. It is executed by strategic planners who factor many sources in their analysis of the organization and its position to the environment in which it competes. Strategy can go in many directions but is generally goal-oriented (i.e., setting goals, determining actions to achieve the goals, and mobilizing resources to execute measures to achieve the goals).

Our Society members and Board of Directors were asked to respond to the SWOT analysis. Dr. Mary Turco, our very capable SAC chair, took our survey responses and identified key areas on which to focus. With the four main priorities of our existing Strategic Plan in mind (Status of the Discipline, Scholarship, Leadership, and House in Order), the **strategic focuses** involved the following four

areas: 1) mission statement, 2) membership including the role of the Academy of Fellows, 3) management, and 4) strategic collaborations. Mary's preparation before the meeting, in consultation with the former SAC chair Dr. Barbara Barnes, set the tone for a full-day of robust brainstorming. Collective recommendations were offered by Dr. Turco to the Board the following day for consideration of phased-in implementation during this next year.

continued on page 2



In This Issue

The President's Perspective	1
Updates from the AAMC	3
AAMC Group on Educational Affairs (GEA) - Continuous Professional Development (CPD) Section Steering Committee Convenes for Annual Meeting	5
Updates from the ACCME	6
SACME Call for Abstracts	8
CFAS and SACME: A Road to Advocacy	11
One Small Step for an Educational Activity	14
ABMS Conference 2019 Registration	17
ABMS Stakeholder Council Hosts First In-person Meeting	18
ABMS Affirms Policy on Use of Certification to Hospital Leaders, CMOs	18
AAMC National Workshop to Advance Medical Education to Combat Opioid Misuse: Working Together Across the Continuum	19

Summarized briefly below are points raised about each **strategic focus**.

Evaluating our mission statement, (“To promote the highest value in patient care and health of the public through the scholarship of continuing medical and interprofessional education.”)

Any mission statement must be realistic rather than aspirational. We must live up to any such statement, and all SACME actions should be filtered through this statement. SAC members believed that the statement does not need to be changed immediately. The term “scholarship” needs to be clearly defined to ensure that SACME members have a keener understanding, and the term “interprofessional” must be re-examined.

Engaging our membership. Offering opportunities for engagement are essential to more effectively aid members seeking assistance with immediate needs or in charting their career path. Inclusiveness is paramount, and several methods were recommended to the Board to consider in transferring knowledge, micro-volunteering, and communicating such through the listserv.

Evolving the role of the Academy of Fellows. The SACME Academy represents a think tank of senior SACME scholars who have much expertise and thus potential to aid our members. The roles of the Academy are purposely evolving slowly with guiding principles becoming more transparent. Offering mentorship by Academy ambassadors is a reasonable first step.

Management. Our Society is dynamic, with members coming from a wide array of professional backgrounds. SAC members discussed methods for better marketing with our management company (Bostrom) and the mem-

bership committee. A recommendation for improved communication would be to use a dashboard for quarterly reporting. Other various ideas for improving management services were also discussed.

Collaborating strategically. Collaborating strategically with key organizations will remain essential. Many positive comments were made about how our Society is interacting well with the AAMC, ABMS, ACCME, and the Tri Group (AHME, Alliance). While we agreed that SACME should “stay the course” with connections in each organization, opportunities exist for our presence as a potential global leader in scholarship to be aligned with US and Canadian CPD societies, research centers, and with AMEE. If we can show value, our Society will do well.

Despite well-intended efforts of the SAC and Board, we need to realize that strategic planning and **uncertainty** intertwine. Our strategic framework is bounded by a world of continuing education dominated by complexity and ambiguity. Unpredictable, unstoppable, and sometimes meaningless circumstances may directly impact on expected outcomes. Redirections or other strategies may develop around this strategy formation. Clearly, any strategic planning remote from the “front lines” or connection with the competitive environment may be ineffective at supporting our efforts.

Stay tuned. I will use these strategic focuses in preparing my address at the annual meeting (“**Leading in Change**”) in Miami between February 18 and 21, 2020. Please plan ahead, represent your institution with an abstract(s) submission, and join us in knowledge sharing!

William F. Rayburn, MD, MBA

**Society for ACADEMIC
Continuing Medical Education**

LEADERSHIP • SCHOLARSHIP • COLLABORATION

UPDATES FROM THE AAMC

By Lisa Howley, MEd, PhD, Sr 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.

News

AAMC Names Next Editor-in-Chief of *Academic Medicine*

Laura Roberts, MD, MA, has been named the next editor-in-chief of *Academic Medicine*, one of the AAMC's peer-reviewed, scholarly journals. She will succeed David Sklar, MD, who has served as editor-in-chief since 2012. Roberts will begin her five-year term on Jan. 1, 2020, becoming the second female editor-in-chief since the journal was founded in 1926.

MedBiquitous Director Named

Johmarx Patton, PhD recently joined the AAMC as the Director of Educational and Technology Standards. This role will guide MedBiquitous into its next chapter (in December 2018, the AAMC assumed ownership and management of MedBiquitous). As director, Dr. Patton will be setting the vision and roadmap for the program. He is a scholar and strategist at the intersection of medical education, healthcare, and information technology. Dr. Patton earned his medical and master of health informatics degrees from the University of Michigan. He then went on to hold a number of roles with the university; most recently, he held the title of Director of Education Informatics and Technologies. During his time at the university, Dr. Patton led efforts to integrate technology into the medical student curriculum; engaged in scholarly work on advances in the delivery of medical education; and taught health system science topics. For more information about MedBiquitous and to learn more about its new director, visit: www.medbiq.org/

AAMC Names Arts and Humanities Initiatives Grant Recipient

The AAMC has selected a team to complete a scoping review on how and why the arts and humanities are being used to educate physicians and interprofessional learners. The team includes representatives from The University of Western Ontario, Penn State College of Medicine, and Mount Saint Vincent University. The review is part of an AAMC strategic initiative on the role of the arts and humanities in medicine. For more information, visit www.aamc.org/initiatives/meded/494588/roleofartsandhumanitiesinphysiciandevelopment.html



AAMC Opioid Workshop

In May, the AAMC in collaboration with the Accreditation Council for Graduate Medical Education, the Accreditation Council for Continuing Medical Education, and the American Association of Colleges of Osteopathic Medicine convened a workshop focused on educating current and future physicians on opioids, pain management, and substance abuse disorders. The workshop brought together leaders from 134 medical institutions and 15 federal agencies and associations to share effective strategies. Participants will continue to integrate their learnings into their work at their institutions over the next year or more. For more information on AAMC's response to the opioid epidemic, visit <https://news.aamc.org/for-the-media/article/medical-schools-address-opioid-epidemic/>

AAMC and Vizient Launch New Clinical Practice Solutions Center

The AAMC and Vizient announced the launch of Clinical Practice Solutions Center (CPSC), an analytics platform for insights that help drive efficiency for academic and community practice organizations. CPSC provides physician practices with actionable, comparative data

continued on page 4

and collaborative intelligence to build a patient focused, data-driven organization, and this unique tool promises to bring efficiency and value to physician practices and ultimately improve patient care. For more information, visit www.clinicalpracticesolutionscenter.org

Fostering Scholarship in Medical Education: Resources for Authors and Reviewers

AAMC recently published a curated set of resources to advance the work of health professions education researchers, writers, and reviewers. All resources are available to access and download for free unless otherwise noted. For more information, visit <https://www.aamc.org/initiatives/meded/>

Transitions in Cross Continuum Consultants in Medical Education at the AAMC.

Dr. Bill Rayburn will be transitioning out of the inaugural role and the next consultant will be named shortly. Special thanks to Dr. Rayburn for his service since 2017 to develop, launch, and release the [2018 AAMC-SACME Harrison Survey](#), to ensure strong communications with our constituent groups and design sessions for professional development meetings.

Events and Opportunities

MedEdPORTAL® Calls for Submissions

- *American Indian, Alaska Native and Indigenous Perspectives:* While very diverse, AIAN and Indigenous populations share similarly sophisticated and holistic approaches to health. Despite these strengths, AIAN and Indigenous populations experience alarming health inequities. Furthermore, there is a paucity of existing curricula that teaches about this unique population, and fewer opportunities for students and institutions to learn from an Indigenous worldview as it relates to health. MedEdPORTAL® invites authors, owners, and contributors to submit their works for publication consideration.
- *Opioid Education:* Opioid addiction is a grave public health issue and drug overdoses are the leading cause of death from injury in the United States. AAMC-member medical schools and teaching hospitals are on the front lines in our communities dealing with the opioid epidemic: responding with new approaches to prevent, identify, and treat pain and substance use

disorders, delivering pain management and addiction education, and leading efforts in this area to advance medical research and promote innovations in clinical care.

NEW Education Resource Repository for Pain Management, Addiction Medicine, and Opioid Education! To foster collaboration by educators and their partners to advance pain management, addiction medicine, and opioid education, the AAMC is hosting this free resource repository, featuring new approaches and best practices when it comes to improving how we teach and train. This resource collection allows for the agile sharing and disseminating of educational innovations. We are actively seeking submissions that are not ready or suitable for more formal peer-review publication. Examples of appropriate resources may include checklists, worksheets, lesson plans, cases, or lecture outlines. To learn more or submit your resource, see: icollaborative.aamc.org/submit

Register for the Fall IPEC Institute

The Interprofessional Education Collaborative (IPEC) faculty development institute, Strengthening Partnerships for IPE and Collaborative Practice, will be held October 2-4 in Portland, Oregon. Participants will work on plans to implement projects that further interprofessional education. For more information, visit: www.ipecollaborative.org

Learn Serve Lead 2019: The AAMC Annual Meeting

As the only meeting devoted exclusively to academic medicine's challenges and opportunities, Learn Serve Lead brings together diverse communities within medical education, patient care, and research so that academic medicine professionals may learn from one another, find common ground, and build organizational capacity. This year's meeting is being convened in Phoenix, Arizona, November 8-12, 2019, and registration is open now. Learn more and register here: www.aamc.org/meetings/annual/



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AAMC GROUP ON EDUCATIONAL AFFAIRS (GEA) - CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) SECTION STEERING COMMITTEE CONVENES FOR ANNUAL MEETING

By Allison Rentfro, PhD

The AAMC Group on Educational Affairs is comprised of four sections, reflecting the continuum of medical education: Undergraduate Medical Education (UGME), Graduate Medical Education (GME), Continuing Professional Development (CPD) and Medical Education Research Scholarship, and Evaluation (MESRE).

On June 17, 2019, the CPD Section Steering Committee assembled for its annual meeting held at AAMC headquarters in Washington, DC. The mission and purpose of the Section on CPD is to (a) inform and advance the lifelong professional development of physicians and other faculty employed by or affiliated with the academic community and (b) enhance the CPD and/or faculty development professional's ability to achieve programmatic excellence. Continuing professional development refers to the ongoing efforts by individuals, programs, and institutions to create opportunities for faculty to build the necessary skills to meet their wide range of professional responsibilities in their diverse roles within medical schools, academic health centers, and teaching hospitals.

The CPD Section Steering Committee is comprised of the section chair, past chair, two members at large, the SACME President, two AAMC team members, and one elected regional representative and chair elect from each of the four geographical regions of the United States – central, northeast, southern, and western.

Working together, the steering committee strives to advance the lifelong professional development of physicians which includes presenting at the AAMC Learn Serve Lead (LSL) annual program. Two exciting CPD sessions were selected for presentation at the upcoming LSL 2019 to be held in Phoenix, Arizona, November 8-12. Watch for more information as the details regarding these two sessions is formalized and the final agenda takes shape. You do not want to miss these sessions!

Questions/comments regarding the CPD Section Steering Committee can be directed to the Committee Chair, Allison Rentfro at allison.rentfro@yale.edu.



UPDATES FROM THE ACCME

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

To better support our community of educators and clinician-learners, we are evolving our accreditor role from compliance authority to coach. We are working hard to build a community of practice that enables educators to nurture curiosity, share exemplary practices, engage in research and scholarship, continually improve their programs, and demonstrate how accredited CME measurably improves healthcare. We were delighted to welcome a record-breaking 625 continuing education leaders and stakeholders from 48 states and 7 countries to our ACCME annual meeting this spring — and we hope you will join us for the ACCME 2020 meeting (see the save the date announcement on the next page).

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 support your work and help clinicians deliver optimal health care for all.

2018-2019 ACCME Highlights Report: Advancing CME to Optimize Care

We are pleased to release [*Advancing CME to Optimize Care: 2018-2019 Highlights from the Accreditation Council for Continuing Medical Education \(ACCME®\)*](http://www.accme.org/2018-2019Highlights) (<http://www.accme.org/2018-2019Highlights>).

The year-in-review report describes the ACCME and CME community's initiatives to advance quality learning for healthcare professionals that drives improvements in patient care.

With our new website, international collaborations, research opportunities, and more advanced data system, we aim to promote an even more dynamic CME enterprise that is ready to adapt to the changing educational needs of clinician-learners today and in the future.

We published *Advancing CME to Optimize Care*, as part of our efforts to build visibility for the CME community and communicate the value of accreditation and accredited CME.

Protecting the Independence and Integrity of Accredited CE: Call for Feedback Executive Summary and Survey of Responses

We've published an executive summary and the comments we received in response to our call for feedback about protecting the independence and integrity of accredited continuing education (CE). Respondents were asked for recommendations about potential revisions to the ACCME Standards for Commercial Support: Stan-

dards to Ensure Independence in CME Activities (<http://www.accme.org/accreditation-rules/standards-for-commercial-support>) (the Standards) that will ensure their continued relevance and effectiveness in the rapidly evolving healthcare environment. We thank everyone who participated for your input. We look forward to continuing to engage in dialogue with stakeholders and expect to release a revised version of the Standards for comment early next year.

Call for Feedback Summary and Responses: Protecting the Independence and Integrity of Accredited CE PDF (<http://www.accme.org/publications/call-for-feedback-summary-and-responses-protecting-independence-and-integrity>)

ACCME Receives PCORI Engagement Award for Project on Patient-Centered CE

We were honored to receive the Eugene Washington PCORI Engagement Award, an initiative of the Patient-Centered Outcomes Research Institute (PCORI), to provide funding for "Learning Together: Engaging Patients in Professional Development of Physicians and Healthcare Teams." The "Learning Together" initiative involves the development and delivery of live and online resources designed to advance the role of patients as partners in CE, including a track at our annual meeting. Read more (<http://www.accme.org/news-releases/accme-approved-for-pcori-engagement-award>).

New Option for Joint Accreditation with Commendation

We are pleased to announce that we have introduced a new option to achieve Joint Accreditation with Commendation in response to feedback from our community of jointly accredited providers. The new menu of criteria will promote the value of interprofessional continuing education (IPCE), encourage the continued evolution of IPCE programs, and reward providers that implement exemplary practices and generate meaningful outcomes. For more information, visit www.jointaccreditation.org.

New Resources: Content Validity and CME for MIPS Logo and Statement

- Content Validity Resources webpage – We have created a webpage aggregating resources related to our



CME Clinical Content Validation Policy (<http://www.accme.org/ContentValidity>), including links to articles about dealing with controversial topics and managing CME about medical marijuana.

- CME for MIPS Logo and Statement – In response to requests from providers, we posted a logo and statement to help learners identify accredited CME activities that meet the expectations for an Improvement Activity for the Centers for Medicare and Medicaid Services' (CMS) Merit-Based Incentive Payment System (MIPS) of the Quality Payment Program (QPP). To download the logo and statement, and for more information and resources, visit our CME for MIPS webpage (<http://www.accme.org/cme-for-mips>).



Promoting the Value of CPD: Journal Articles

- In the *Medical Teacher* article, “Continuing professional development to foster behaviour change: From principles to practice in health professions education,” (<https://www.tandfonline.com/doi/full/10.1080/0142159X.2019.1615608>) authors Subha Ramani, MBBS, PhD, FAMEE; Graham T. McMahon, MD, MMSc; and Elizabeth G. Armstrong, PhD, offer several principles and strategies that CPD leaders can use to facilitate change: “To foster a continuous quality improvement mindset and drive change, CPD program leaders need to focus on outcomes and leverage appropriate educational strategies and meaningful program evaluation in their design and implementation.”
- “Trust Between Teachers and Learners,” (<https://jamanetwork.com/journals/jama/article-abstract/2733718>) by David P. Sklar, MD, and Graham T. McMahon, MD, MMSc, *JAMA*, discusses the fundamental nature of trust between physician teachers and their peers as medical education continuously evolves. “When educational and clinical goals are aligned, the organization thrives: faculty and learners who feel supported and learn productively together perform better and more cost-effectively,” the authors write.

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/accrdditedcme/>), and LinkedIn (<https://www.linkedin.com/company/AccreditedCME>). For questions, email info@accme.org.

Educational Opportunities

ACCME August Accreditation Workshop: We offer an Accreditation Workshop each year to support the professional development of CME providers and stakeholders. These workshops are designed to help CME professionals of all skill levels plan and deliver CME that Matters to Patient Care. The workshop will provide participants with:

- A platform to engage with other CME colleagues
- Professional development resources
- Tools to help CME become an organizational asset

The Accreditation Workshop will be held in Chicago on August 1-2, 2019 at the Loews Chicago Downtown Hotel. <http://www.cvent.com/events/accme-accreditation-workshop-july-31-august-2-2019-/event-summary-2bbdad-07baa3416ab2da177f57971f51.aspx>

To register please email Colleen Miglio at meetings@accme.org.

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 your questions. For providers who have more experience, our next Advanced CME for MOC: Ask Your Questions webinar is on **July 23**. For providers who 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 is on **September 24**.

Registration information is available on the events section of our website, www.accme.org/events.

Save the Date – ACCME 2020 Meeting

Save the date for the ACCME 2020 Meeting: May 4-7, 2020 (<http://www.accme.org/events/ACCME2020>) at the Hilton Chicago. Registration opens Fall 2019. We invite you to share your experiences, expertise, and research about how CME is transforming care. The Call for Stories opens on July 15, 2019, and closes on September 27, 2019. Watch for more information in upcoming newsletters and on our website.



SACME Call for Abstracts

2020 SACME Annual Meeting

Leading in Change

February 18 – February 21, 2020

Miami Marriott Biscayne Bay Hotel, Miami, Florida

Submission deadline: Thursday August 15, 2019 (11:59 pm EST).

The SACME Scholarship and Program Committees invite you to submit an abstract for presentation at the 2020 Society for Academic Continuing Medical Education Annual Meeting which will take place at the beautiful Miami Marriott Biscayne Bay in Miami, Florida. Our meeting promises to provide lively and stimulating atmosphere and award opportunities for scholarly interactions.

The abstract selection committee is accepting submissions to

1. Research in Continuing Medical Education (RICME) (15 minutes)
2. Best Practices and Innovations in CME/CPD (10 minutes)
3. Education Technology Innovation in CME/CPD (10 minutes)
4. Facilitated Poster Session

1. Research in Continuing Medical Education (RICME) Oral Presentation(s). These presentations represent a vital component of our commitment to advancing the science of CME/CPD. Oral presentations enable individuals to present their work at various stages of development in a supportive and constructive environment.

RICME submissions will be categorized into any 1 of the following 5 categories

- **Works in very early stages:** This is for investigators seeking collegial feedback on a developing research project, or for collaborators in other institutions
- **Works in progress:** These studies are more substantial than work in very early stages, and have some preliminary findings. Presenters may be interested in sharing innovative research methodologies, discussing experiences encountered during the project, or disseminating unexpected results.
- **Completed studies:** These opportunities are for authors with published papers or manuscripts accepted for publication to showcase contemporary work and seek critical dialogue or feedback from peers.
- **Evidence syntheses:** The Research Committee also seeks review papers, which contain meta-analyses, syntheses, or assessments of the research in a defined area of CME/CPD practice. Submissions



of syntheses including, but not limited to systematic reviews (with or without meta-analysis), scoping reviews, qualitative assessments or mixed-methods syntheses, and overviews will be accepted for consideration.

- **Methods research:** Specifically identify, provide analyses of, and/or propose solutions to issues and challenges related to the conduct of research in CME/CPD.

This year, we will have a special session on emerging research and will highlight early stage and work in progress. Opportunities for feedback will be integrated into the session.

2. Best Practice and Innovation in CME/CPD Oral Presentation(s). Illustrate the application of research and theory from a variety of fields to the goals, issues, and practical problems of broad interest to CME/CPD researchers and practitioners. These presentations will also aim to facilitate learning from the practical experience of our colleagues, another important means for advancing the field. Best practice presentations may include a wide range of topics including innovative and model approaches to educational program administration, planning, educational design, delivery, and evaluation/assessment of outcomes, however, the following topics will be of particular interest for the 2020 Program:

- Change Management in the Context of CME/CPD
- Applying the Science of Learning and Teaching in the CPD Practice
- Integrating Quality and Practice Improvement in CME/CPD
- Teaming for Quality and Safety in CME/CPD
- Assessment and Evaluation

3. Education Technology Innovation in CME/CPD Oral Presentation(s) This year, we will have a special focus on using digital technologies to support change in CPD/CME. Topics of interest could include:

- Digital Innovations in CME/CPD
- Using Simulation in Medical Education
- Driving Change through Data Analytics
- Harnessing Big Data and AI in CPD

4. Facilitated Poster Session (RICME or Best Practice and Innovation, or Education Technology Innovation). Abstracts for poster presentations that address topics aligned with the strategic foci of the conference are welcomed.

General Submission Guidelines

- Word compatible, 12 pt font, Times New Roman
- 250 words or less; references not recommended. Title and authors do not contribute to the total word count.
- USE UPPER CASE FONT for the title of the project
- Indicate any conflicts of interest with industry

continued on page 10



RICME Submissions should also include

- Background, Research Question, Methods, Results, Impact (so what?)
- Use the aforementioned categorization framework for RICME submissions (e.g. work in early stages)
- Identify if you are a trainee or within 5 years of completing a terminal degree and wish to be considered for a early career award

Best Practice/Educational Technology/Innovations Submissions should also include

- Problem statement, Approach Used (What did you do?), Results / Findings, Barriers and facilitators to implementation, Impact (so what?)

Evaluation Criteria

The abstract selection committee is committed to adjudicating submissions in a rigorous, systematic and transparent manner. To this end, **evaluation of abstracts will be based on:**

1. Clarity of purpose statement
2. Relevance to the field of CME/CPD
3. Quality and appropriateness of research methods (if applicable)
4. Feasibility of the research (e.g. expertise, timelines, resources, costs)
5. Potential for impact for advancing the science and practice of continuing medical education/ professional development

Notification: Abstract notifications will be sent to corresponding authors prior to November 1, 2019.

All presenters must register for the SACME Annual Meeting.

Questions

Application requirements, processes, and assessment: David Wiljer, Chair, Scholarship Committee, david.wiljer@uhn.ca/Asha Maharaj, Subcommittee Chair, Grants and Awards, asha.maharaj@camh.ca

Technical difficulties: Help@ConferenceAbstracts.com or call (410) 638-9239/(877) 426-6323 between 9am to 9pm EST, Monday - Friday

CFAS AND SACME: A ROAD TO ADVOCACY AND A WINDOW TO CRITICAL TIMELY ISSUES

By Joyce M. Fried

The Association of American Medical Colleges (AAMC) established the Council of Faculty and Academic Societies (CFAS) in 2015 to serve as a bidirectional conduit of engagement between medical school faculty and the AAMC. CFAS offers an opportunity to bring the combined voice of medical school faculty and the academic societies to national conversations, helping to shape the direction and activities of the AAMC and its member institutions.

CFAS works to advance academic medicine by addressing critical issues with faculty, clinicians, scientists, and educators. Through its membership in CFAS, SACME can collaborate with other disciplines on issues such as advocacy, education and training, research funding, and clinical reimbursement, as well as a range of topics such as clinical well-being, sexual harassment in academic medicine, and diversity and inclusion.

In addition, through CFAS, the AAMC distributes several sign-on letters each year to society leadership, allowing them to add their societies' names to initiatives and positions that matter to them on the national level. For example, the most recent letter calls on Senate leaders to pass either the American Dream and Promise Act of 2019 or the Dream Act of 2019 to ensure that members of the health care work force approved for DACA are able to continue their employment, training, and research. Academic societies also receive exposure and recognition by being profiled in the bimonthly *CFAS Rep Update* newsletter, and society news is also picked up and disseminated in *CFAS News*, a weekly newsletter with a mailing list of more than 5,000 professionals in academic medicine.

CFAS has two meetings each year where programming takes place and the Administrative Board and various committees convene: the annual stand-alone spring meeting and the AAMC Learn Serve Lead fall meeting. This year, CFAS's spring meeting was held April 4-6 in Atlanta, Georgia. More than 130 CFAS representatives, speakers, AAMC staff and guests were in attendance.

The agenda encompassed a variety of topics including plenary sessions on sexual harassment; bioethics, health policy, and research; and changes and opportunities in medical education and training. Workshops were held on community engagement, global health, unconscious bias and PhD education. This article highlights a few of those sessions.

The opening plenary, "Addressing Sexual Harassment in Academic Medicine" featured Vivian W. Pinn, MD, former director of the Office of Research on Women's Health at NIH; Esther Choo, MD, MPH, associate professor in the Center for Policy and Research in Emergency Medicine at Oregon Health & Science University; VJ Periyakoil, MD, Director, Stanford Aging, Geriatrics and Ethnogeriatrics Center; and moderator Carolyn Meltzer, MD, Chair, Department of Radiology, Emory University School of Medicine.

Dr. Pinn reported on the study conducted by the National Academies of Science, Engineering, and Medicine whose findings were released in a 2018 report "Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine." The key findings of the report were:

- Current climate permits extensive sexual harassment
- Gender harassment is the most common form of sexual harassment
- Sexual harassment undermines research integrity, reduces talent pool, and harms targets and bystanders
- Legal compliance is necessary but not sufficient to reduce harassment



- Changing climate and culture can prevent and effectively address sexual harassment

The report recommended the following:

- Create diverse, inclusive, and respectful environments
- Address the most common form of sexual harassment: gender harassment
- Move beyond legal compliance to address culture and climate
- Improve transparency and accountability
- Diffuse the hierarchical and dependent relationship between trainees and faculty
- Provide support for the target
- Strive for strong and diverse leadership
- Measure progress
- Incentivize change
- Encourage involvement of professional societies and other organizations
- Initiate legislative action
- Address the failures to meaningfully enforce Title VII's prohibition on sex discrimination
- Increase federal agency action and collaboration
- Conduct necessary research
- Make the entire academic community responsible for reducing and preventing sexual harassment

Dr. Choo suggested that sexual harassment be looked at in the context of a chronic disease model where one would focus on prevention, early detection, and outcomes. She asserted that there is a pay, opportunity, dignity, and safety gap currently in place for women in medicine and science. She spoke of the work of TIME'S UP HEALTH-CARE, a national initiative with the mission of unifying national efforts to bring safety, equity, and dignity to the health care work place by uniting health care workers across fields, improving care for targets of harassment

and inequity, raising awareness and knowledge, supporting health care organizations in making this issue central and visible, providing a link to the TIME'S UP Legal Defense Fund, advocating for meaningful standards, and advancing research on harassment and inequity.

Dr. Periyakoil spoke about the #metoo #whynotme movement and described and showed videos of a number of examples of gender microaggressions.

The plenary presentations were followed by "SPARK Presentations on Sexual Harassment", a poignant and powerful session in which five physicians and scientists, all attendees of the CFAS meeting, told very personal stories of sexual harassment that occurred to them during their schooling, training, or careers and described the long-lasting effects of the shame, guilt, and humiliation these events caused them.

The day's program concluded with a series of short presentations. In one, the audience was asked to do a visualization exercise which exposed gender biases. Another encompassed a series of videos demonstrating the types of in the moment responses that can call out and disempower specific microaggressions. Others described the importance of reporting, sharing data, utilizing scorecards, engaging constituencies to achieve a tipping point (you only need to engage 10% of a group's members for something to "go viral"), and active and compassionate listening.

On the second day the meeting opened with a plenary titled "Hot Topics in Bioethics, Health Policy and Research: Overview and Issues in Advocacy." The first speaker, Paul Wolpe, PhD, from Emory University and President of the Association of Bioethics Program Directors, enumerated his perspective on the hot topics in bioethics. These are immigration, refugee, undocumented care; CRISPR and gene editing for humans, including safety issues, informed consent, justice and vector-borne diseases; CRISPR and gene editing non-humans, including creation of pathogens, creation of toxins, do it yourself, and designer animals; and ethical challenges of artificial intelligence (AI), including medical issues and the ethics of AI. The latter include consequences (economic change, job displacement), moral status (sentience, robot rights), and responses (ethics consultation, oversight, regulation).

David Sklar, MD, editor of *Academic Medicine*, and CFAS representative from the Society for Academic Emergency medicine, spoke on health policy and the academic physician. He asserted that health policy is comprised of legislation as well as regulations from agencies. He worries that physicians are perceived by members of Congress as coming to influence reimbursement rates. He believes that physicians can change that perception by conveying passion about the issues they really care about. He believes that in the debate of policy versus politics the areas of agreement are that health care costs are too high, quality is not high enough, fraud and waste need to be stopped, and research needs to be supported. Where there is disagreement across the aisle is whether healthcare is a right or whether government should get out of the business of healthcare. Specific disagreement centers on issues such as helmets, guns, vaccinations, seat belts, and opioids. Dr. Sklar identified the current hot topics as: end of life, pregnancy and abortion, guns, and the Affordable Care Act. He concluded by urging physicians to become actively involved in advocacy for health policy that improves the health of the population and supports education and research.

Ross McKinney, MD, the Chief Scientific Officer for the AAMC, identified five hot topics in research: maintaining the public trust, conflicts of interest, sale of clinical data, consent, and foreign influence.

The final speaker in this session was Tannaz Rasouli, Senior Director, Public Policy and Strategic Outreach, AAMC. She presented a long list of advocacy issues for academic medicine. She explained that the role of the

AAMC is to advocate on behalf of patients, doctors, and researchers who are working to improve the health of all. The AAMC is fighting for preventing an impending doctor shortage, keeping teaching hospitals thriving, making it easier for doctors to go into public service, and protecting and expanding NIH-funded medical research. By the numbers, over its tenure the AAMC has taken 60,000 actions, written 21,000 letters to Congress, and signed 16,000 petitions.

In the final plenary, “Preparing Faculty for Changes in Medical Education and Training,” the following bullet points were presented regarding the changing role of faculty:

- To facilitate learning (moving from “sage on the stage” to “guide on the side”)
- To be a role model (model thinking and behavior for an inviting learning environment)
- To inspire (convey passion and stimulate students’ curiosity)
- To help develop a professional (foster reflection and professional identity formation)

Although the session was focused on medical student, graduate student residency training, and not continuing medical education, a few take-home messages are transferable--embracing change can be accomplished by creating an inviting climate for learning, reducing lecturing, enhancing clinical relevance, and fostering student curiosity.



ONE SMALL STEP FOR AN EDUCATIONAL ACTIVITY: *Lessons from a Lunar Landing*

By Ginny Jacobs, MEd, MLS, CHCP, FSACME

QUESTION: *Are there clear overarching bold goals currently guiding the CPD community? Do we have the courage to establish and pursue those stretch goals?*

Fifty years ago, American astronauts, Neil Armstrong and Buzz Aldrin, landed the Apollo Lunar Module Eagle on the surface of the moon. Apollo 11's historic mission marked the first time humans had taken a step on another planetary body.

Backing up from that historic scene, you can trace this culmination of events to a compassionate appeal made by President John F. Kennedy to a special joint session of Congress on May 25, 1961 when he stated: "I believe this nation should commit itself to achieving the goal, before this decade is out, of landing a man on the moon and returning him safely to Earth."

Eight years after that appeal, over 550 million people were glued to their television screens watching grainy, almost ghost-like figures in a surreal scene taking place 240,000 miles away from our home planet. Amazing in its own right, but especially noteworthy when you consider it was only 66 years earlier in Kitty Hawk, North Carolina, that Orville and Wilbur Wright made history with the first manned flight of a self-propelled, heavier-than-air aircraft – that amounted to a 12-second flight in their flying machine.

Reflecting on the Moon landing and its significance in our history, this remarkable feat prompts me to ask "What lessons from this incredible achievement might relate to our work in Continuing Professional Development?"

At times, in today's healthcare environment, it seems we are being required to venture out from our comfortable "CPD planet" to explore new parts of the healthcare education solar system – the evolving worlds of Quality Improvement, Performance Metrics, Team-based Education, Maintenance of Certification, Joint Accreditation, MACRA, MIPS, and strategic alignment with public health priorities.

When thinking about how to effectively "reach out" to lands that are unfamiliar to us, several connections to the Apollo 11 mission do come to mind. Most notably, the lunar landing required the following:

- **COURAGE** -- President Kennedy made a bold

statement and I am certain there were many who labeled this an unrealistic pipedream. Many likely questioned it was destined to happen in our lifetime, much less be accomplished in the span of ten years.



- **PREPARATION** – There was an incredible amount of planning required to pull off the Apollo 11 Moon landing. In fact, did you know...it was after five years of work by an international team of scientists and engineers (1966), that National Aeronautics and Space Administration (NASA) conducted the first unmanned Apollo mission, testing the structural integrity of the proposed lunar launch vehicle and spacecraft combination.

Ultimately, the Apollo 11 mission occurred eight years after President John F. Kennedy announced that national goal of landing a man on the moon. This required an unwavering commitment to the effort (in the form of training, testing, analyzing, reflecting, retooling, retesting, etc.).

- **ADEQUATE FUEL SUPPLY** – After the launch, astronauts separated the Eagle spacecraft from the third stage of the Saturn V rocket to then travel for more than three days (76 hours) before they finally entered lunar orbit. You can imagine how critical it was to have an adequate fuel supply (prior to the launch) for a 240,000 mile trip to the moon.

QUESTION: *Do we have enough "fuel" for our work? We cannot complete our medical education initiatives by merely hoping to coast or relying upon fumes. Adequate investments are needed to fuel (fund) educational initiatives.*

- **RESILIENCE** -- Resilience and fortitude were key elements necessary for the NASA team to overcome setbacks and drive towards a successful Apollo 11 mission. One extreme example of adversity rests in the tragedy that struck in January of 1967 at Kennedy Space Center in Cape Canaveral, Florida, when a fire broke out during a manned launch-pad test of the Apollo spacecraft and Saturn rocket. Three

astronauts were killed in that fire. Despite the tragic setback, NASA and its thousands of employees forged ahead.

I am reminded of how educational planning is an iterative process and typically the road to success does not involve a straight line. It is in the Plan-Do-Study-Act (PDSA) cycles that those lessons we learn from failure prove to be critical stepping stones which can lead to our ultimate success.

QUESTION: *Have we allowed setbacks we have encountered in our institutions to take us off course? Is the resistance we sometimes experience enough to derail our energy and stall our efforts to prove CPD's value as a strategic asset to the organization?*

- **AN OVERARCHING STRATEGIC PLAN** – The Apollo program demonstrates the value of an overarching strategic plan while maintaining a watchful eye on the big picture. We make progress in step-by-step fashion and a quick review of the space missions conducted prior to Apollo 11 reveal how progress was achieved in incremental stages. Each project generated knowledge that informed the subsequent project. More specifically, there were several key steps leading up to the Apollo 11 mission:

Apollo 7 (October, 1968) Less than 2 years after the disastrous fire, the first manned Apollo mission orbited Earth and successfully tested many of the sophisticated systems needed to conduct a moon journey and landing.

Apollo 8 (December, 1968) Three astronauts traveled to the dark side of the moon and back

Apollo 9 (March, 1969) Astronauts tested the lunar module for the first time while in Earth orbit

Apollo 10 (May, 1969) The first complete Apollo spacecraft traveled around the moon in a dry run for the scheduled July landing mission.

With each new venture, NASA was certain to celebrate the “small wins,” yet they never lost sight of the big picture and the overarching goal.

QUESTION: *Does our plan account for incremental improvements? We mapped out the stages necessary to systematically raise the bar on the impact*

CPD can have on patient outcomes? Have we communicated our initiatives in step-wise fashion?

- **TAKE YOUR TIME / OBSERVE / REFLECT** – It was critical that we remain observant and be aware of the passage of time. Apollo 11 entered into a lunar orbit on July 19 and the following day, the lunar module Eagle, manned by Armstrong and Aldrin, separated from the command module which was piloted by Michael Collins, the third member of the Apollo 11 team. Two hours later, the Eagle began its descent to the lunar surface, and at 4:17 p.m. the craft touched down on the southwestern edge of the Sea of Tranquility.

At 10:39 p.m., five hours ahead of the original schedule, Armstrong opened the hatch of the lunar module and he began to make his way down the module’s ladder. Seventeen minutes later, Armstrong stepped off the ladder and planted his foot on the moon’s powdery surface. It was then he was quoted as having said, “that’s one small step for a man, one giant leap for mankind.”

Nineteen minutes later, Aldrin joined Armstrong on the moon’s surface and together they took photographs of the terrain, planted a U.S. flag, ran a few simple scientific tests and spoke with President Richard Nixon via the Houston Command Center. Two and one-quarter hours later, both astronauts were back in the lunar module and the hatch was closed.

After sleeping that night in the lunar module, at 1:54 p.m., the Eagle began its ascent back to the command module. Two and one-half hours later (at 5:35 p.m.), Armstrong and Aldrin successfully docked and rejoined Collins, and at 12:56 a.m. on July 22 Apollo 11 began its journey home. They safely splashed down in the Pacific Ocean at 12:50 p.m. on July 24.

You would have hoped that all that travel time would lend itself to a longer stay at the intended destination, but that is not always feasible. The astronauts made the best of their brief stay (less than 2.5 hours outside of the module and less than 24 hours on the surface of the Moon) and documented and logged their observations.

QUESTION: *We typically devote extensive amounts of time in the planning leading up to the launch of our educational initiatives. Do we take the time at critical junctures to be attentive to our activities and document what we observe and what our learners experience?*

continued on page 16

- **DASHBOARD OF KEY METRICS** -- Instruments and gauges tracked the progress of the Apollo mission and helped inform the astronauts' decision-making process. Many decisions relied heavily on the dashboard or instrument panel, since the situation did not allow the benefit of other visual cues. For that reason, it is imperative we have a dashboard and equally critical that we utilize it as a strategic tool.

On that note, did you know the astronauts landed on the moon with only 25 seconds of fuel to spare? While a site on the Moon had been selected in advance of the mission, as the two astronauts were descending, they realized the chosen site presented some hazards. As a result, Armstrong elected to manually navigate the probe and this involved skimming over the risky (boulder-ridden) site which required additional fuel be consumed. Since the mission required a certain amount of fuel for the lunar module to rejoin the spacecraft, the mission would have been automatically aborted had their landing been further delayed.

This example highlights how there is a need for sensibility when planning for various scenarios. It is important to have deliberate contingency plans in place.

QUESTIONS: *How often are we required to make strategic decisions without the benefit of visual cues? Do we have a clear instrument panel with gauges and warning lights to highlight our key performance measures and guide our actions?*

Do you ever rely too heavily upon technological solutions or, do we always have a suitable back-up plan or system in place?

- **IT TAKES A VILLAGE** – It is important to acknowledge the team effort that is required to complete any mission. Just for the record, the Apollo 11 mission involved an estimated 400,000 engineers, technicians and scientists. While the CPD staff numbers pale by comparison, we need to be sure to show our appreciation for all members of the team. Be sure to acknowledge those behind the scenes and don't ever forget the importance of those team members who are back in the spaceship (figuratively speaking) circling the moon waiting for the lunar capsule to return.

Michael Collins did not get the visibility of his two colleagues, as he was required to remain back in the spacecraft piloting the ship. Although Collins did

not experience the glory of stepping on the Moon's surface firsthand, his role was critical to the mission's success.

QUESTION: *Do we find ways to consistently (and earnestly) acknowledge those on our team who may not have a visible role on center stage?*

- **DATA-INFORMED DECISIONS** -- We should always appreciate the value of gathering additional evidence on our journey. Part of the lunar mission involved gathering moon rocks and samples to improve our understanding of the Moon's surface. The objective was to gather evidence and facilitate further scientific discoveries enabling us to move beyond mere anecdotal thoughts or opinions.

QUESTION: *For our educational initiatives, do we routinely gather as many "samples" (or insights) as possible? (Those artifacts/samples might be in the form of learner attitudes and priorities, barriers or challenges they face, ways to define desired performance measures, etc.)*

Ideally, in our work, this type of evidence will accelerate our ability to effectively design, deliver, and assess innovative, relevant, and impactful educational activities.

I find the great thing in this world is not so much where we stand, as in what direction we are moving: To reach the port of heaven, we must sail sometimes with the wind and sometimes against it - but we must sail, and not drift, nor lie at anchor.

Oliver Wendell Holmes, Sr.

This quote inspires me to think of CPD's strategic direction. Perhaps we could think of the "port of heaven" as the equivalent to CPD's moonshot. We all face stormy seas and challenging winds, but we must forge ahead. We should always remember that small steps moving forward are better than merely standing still. With planful strategic alignment and adequate supplies and effort, we can steadily raise the bar on our level of educational innovation and impact.

Wouldn't it be wonderful to be able to regularly say we have achieved ...

*One small step for an educational activity.
One giant leap for the quality of patient care delivered
by our learners.*

ABMSCONFERENCE 2019

Innovations in Assessment,
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ABMS CONFERENCE 2019 REGISTRATION NOW OPEN

By Ruth Carol

Build your knowledge, expand your network, and learn about innovations in physician assessment, learning, and improvement at the ABMS Conference 2019 (<https://www.abmsconference.com/>) to be held September 23–25 at the JW Marriott Chicago. Join attendees from certification boards, specialty societies, state medical associations, hospital and health systems, medical schools, and quality improvement organizations at the ABMS Conference 2019 featuring more than 60 sessions on innovations in Board Certification, the science of assessment and learning, quality improvement, health policy and research, and business strategy and operations. View the schedule and sessions at https://www.abmsconference.com/program/schedule?utm_source=insights&utm_medium=email&utm_content=201906. A poster session and exhibitor reception will be held September 23.

Featured plenary speakers include

- Craig M. Campbell, MD, FRCPC, Principal Senior Advisor for Competency-based Continuing Professional Development, Office of Specialty Education at The Royal College of Physicians and Surgeons of Canada

- Richard E. Hawkins, MD, President and Chief Executive Officer (CEO), American Board of Medical Specialties
- Darrell G. Kirch, MD, President and CEO, Association of American Medical Colleges (Lois Margaret Nora, MD, Endowed Lecture Plenary)
- Jon Perkins, Senior Product Manager, American Medical Association (AMA); Chris Khoury, MBA, Vice President, Environmental Intelligence & Strategic Analytics, AMA; and Kimberly Lomis, MD, Vice President, Undergraduate Medical Education Innovations, AMA

Register now at <https://www.abmsconference.com/register/registration> to receive an early rate of \$795.00 (discounted from the regular registration rate of \$995.00). The early rate is available through July 31. Additionally, there is a 10% discount to any organization that registers five or more attendees at one time.

ABMS STAKEHOLDER COUNCIL HOSTS FIRST IN-PERSON MEETING

By Ruth Carol

Providing feedback on several recommendations from the Continuing Board Certification: Vision for the Future Commission report (https://www.abms.org/media/194956/commission_final_report_20190212.pdf) and determining how best to contribute to the work of the task forces (<https://www.abms.org/news-events/abms-board-of-directors-announces-plan-to-implement-recommendations-from-the-continuing-board-certification-vision-commission-final-report/>) charged with implementing those recommendations were the focus of the inaugural in-person meeting held by the American Board of Medical Specialties (ABMS) Stakeholder Council (<https://www.abms.org/news-events/abms-names-members-of-newly-formed-stakeholder-council/>) this past May in Chicago.

Established to ensure that the decisions of the ABMS Board of Directors are grounded in an understanding of the perspectives, concerns, and interests of the multiple constituents impacted by ABMS' work, Council members include practicing physicians, public members, ABMS Member Board Executives or Directors/Trustees, and representatives from ABMS Associate Members and

the greater credentialing community. During their first in-person meeting, members discussed how ABMS and its Member Boards can effectively communicate the new process of continuing certification that balances learning and assessment. As the Boards pilot and implement innovative knowledge assessments and other initiatives, it is imperative that they effectively communicate the value of continuing certification and positive program improvements to all board certified physicians and stakeholders, including the public. Regarding the task forces established and charged with implementing the Commission's recommendations, the Council members advocated for and established a model for the appointment of a non-voting Council liaison to each one. During an open discussion session, Council members identified issues that they believe are an important part of their charge. Among them were sharing research, promoting best practices for new/emerging technologies, developing novel assessment techniques, aligning continuing certification activities with national reporting and licensure requirements, strengthening relationships between boards and specialty societies, and engaging in patient advocacy.

ABMS AFFIRMS POLICY ON USE OF CERTIFICATION TO HOSPITAL LEADERS, CMOs

By Ruth Carol

On June 5, 2019, the American Board of Medical Specialties (ABMS) acted upon a recommendation by the Continuing Board Certification: Vision for the Future Commission, which advised ABMS to communicate its policy on the appropriate use of Board Certification in privileging and credentialing decisions by hospitals. ABMS Board Chair Barry S. Smith, MD, and ABMS President and CEO Richard E. Hawkins, MD, wrote a let-

ter to chief medical officers (CMOs) and executive leaders at hospitals and health systems throughout the country affirming the ABMS policy and inviting hospitals and physician leaders to engage in a conversation about new approaches to assessment that are transforming continuing Board Certification. Read the letter at: <https://www.abms.org/news-events/abms-letter-to-hospitals/>.

AAMC NATIONAL WORKSHOP TO ADVANCE MEDICAL EDUCATION TO COMBAT OPIOID MISUSE: WORKING TOGETHER ACROSS THE CONTINUUM

May 9 & 10th, 2019
National Harbor, Maryland

To contribute to addressing the opioid epidemic, the AAMC convened a meeting of its membership and special guest. The workshop provided an opportunity to learn how our colleagues in academic medicine are addressing the epidemic as well as to learn how AAMC members can interact with Federal agencies. Approximately, 20 members of the CME community including SACME members participated in the workshop. While the majority of persons present represented UME with some GME, there were a few key learnings for CME professionals to consider.

Firstly, the US Department of Health and Human Services Office of Substance Abuse and Mental Health Services Administration (SAMHSA), has a number of resources available on its website for addressing the opioid epidemic. SAMHSA also has some grant opportunities for CME providers to consider. Secondly, it is important to combat institutional silos when addressing opioids. While many organizations sent a team of two to five people, many organizations do not have an environmental scan of all the endeavors related to pain management and addressing the opioid epidemic. CME could serve as a convener of persons within the organization to workshop a comprehensive understanding of how an organization is addressing the issue. In a word, there is an opportunity for CME offices to host organizational versions of this larger conference. A third, outcome was a SACME Community of Practice focused on Opioid CME. The group agreed that a project to develop and conduct a national study on the efficacy of mandated opioid CME is much needed and excellent opportunity. Information on these activities will be shared in future SACME communications.

INTERCOM

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