

The President's Perspective

By Kimberly D. Northrip, University of Kentucky
President, SACME

Pediatric professional societies, training requirements, and boards emphasize the importance of our role, not just as clinicians, but as advocates. As a general pediatrician, I advocate for children at many levels of the socio-ecological model. For example, this includes sending letters to schools and landlords to address individual patient needs, arguing for better processes within my clinic and health system, and teaching community members and trainees to address social needs. Additionally, I build programs to tackle social and legal drivers of health for children, evaluate and publish the results of those programs, and engage with legislators and policy members about bills related to child health and wellbeing.

As I step into the role of SACME President, I am contemplating what advocacy role we hold as CPD professionals and how SACME can further that work. I particularly like the definition of advocacy used by the Alliance for Justice: "Advocacy is any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others."

Drawing on that definition, SACME's Mission provides a clear sense of what the society says it "supports" and "speaks in favor of":

Mission: Through leadership and collaboration, we foster scholarship in CPD/CE to advance:

- Health Equity
- Practice and Value of CPD/CE
- Clinician Practice and Wellbeing
- Patient Care and Health of the Public

These areas are so relevant to our work in CPD, especially in our rapidly evolving landscape. But advancing areas of need in our own organizations will likely require changes in how others do things. To accomplish the changes we want to see, we will need to advocate for them with our leadership, faculty, learners, and staff. Advocating for change can be a long, hard process and a little scary. I have had several discussions with members about how SACME can help

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support our members with the tools and skills to better engage in this work.

To establish a baseline, I asked SACME's Strategic Affairs Committee (SAC) to comment on how SACME was currently advocating for its vision and mission. One overarching idea from the discussion was that we often do this work through our members as they take new skills, resources, and ideas back to their own institutions and leadership. Major areas SAC identified where SACME supports its mission include:

- Research grants in CPD such as the Manning and Mazmanian grants
- Research initiatives like the white paper and JCEHP supplement
- Discussions of the value proposition for CPD
- Inviting other societies to our annual meeting to create space for an open dialogue and advocacy with groups like the ACCME, the AAMC, and AMEE
- Equity work being done by the DEI task force and IDEA tools in the Educator's Toolkit
- Education for members about best practices, emerging trends, wellness and health equity at our annual meeting, virtual journal clubs, and virtual workshops
- Education for members in research and leadership skills

Over the summer, the SACME Board will be reviewing recommendations developed by committees including DEI task force's report and SAC's assessment of what else SACME could do to advocate for its mission. I'll be

excited to let you know what priorities the Board selects for implementation in the coming year.

I am also thrilled about the work being done by the Scholarship and Program Committees for next year's annual meeting in Washington DC, themed around Advocacy in CPD. Keep an eye out for our call for research and best practices abstracts this month. While each topic area is advocacy themed, we are defining these widely enough that all CPD related work will fit in one of the 4 categories:

- Advocating for our Programs
- Advocating for our Learners
- Advocating for the Patients we Ultimately Serve
- Advocating for Ourselves

I especially want to invite those of you who have never submitted a best practices abstract before to do so. Many of your organizations have funds available for presenters to attend a conference and the process is easier than you might think - no p-values required. These abstracts can focus on anything from implementing an educational approach to incorporating EDI principles in your office to data reporting demonstrating the value of CPD at your organization and so much more. To help you develop your abstract and present your best practice work in a scholarly way, SACME has a recorded Virtual Journal Club session by Sanjeev Sockalingam available in its archives, entitled "Posters and Oral Presentations: Skills and Best Practices for Submitting Your Scholarly Work as Abstracts" dated July 29, 2019 at <https://www.sacme.org/VJCArchive>. We are also planning a virtual workshop on being scholarly in our work that you may find helpful. I hope to see you there.



SACME 2024 Annual Meeting Evaluation Results: Exploring the Expanding and Evolving CPD Ecosystem

By Jennifer Alessi, MA, CHCP

On behalf of the SACME program committee, I am pleased to present a recap of the 2024 Annual Meeting, held March 10–13, as well as evaluation results. This year's meeting was held in a hybrid fashion, with 157 people joining us in sunny San Diego and another 41 who attended virtually.

Conference Recap



Our focus was *Exploring the Expanding and Evolving CPD Ecosystem* and featured preconference workshops on topics including new uses of generative artificial intelligence and technology in CPD and healthcare, advancing inclusion, publishing, quality improvement, and facilitating small group learning. During the main conference, we were treated to informative and remarkable plenaries from Sophie Soklaridis (equity and inclusion) and Graham McMahon (state of CME/CPD and best practices) on Monday; panel discussions on how CPD can address climate change and its effect on health equity (with Ann Kurth, Samantha Green, Bruce Nitsche, Elizabeth Patterson, and Tym Peters) and migrant and refugee health (with Linda Hill, Chag Lowry, and Janine Young) on Tuesday; and a final plenary from Muhammad Mamdani on how his institution is using AI to improve the practice of healthcare. Between the plenaries, we featured abstract sessions on research in CME (35 abstracts presented) and best practices (12 presented). The poster session this year was streamed to virtual attendees as well.

Social events were not lacking! The welcome reception on Monday night was held outdoors on a beautiful eve-

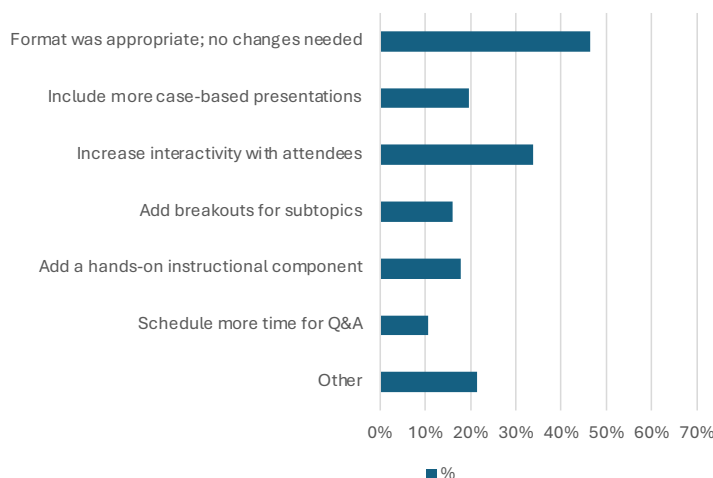
ning, and the Fun Committee kept us busy during the conference with s'mores, a salsa lesson (dancing, not the condiment), a visit with therapy dogs, a daily raffle with prizes, yoga, a morning walk, and a return favorite from the 2023 conference, dinner at local restaurants hosted by board members.



Evaluation Results

We received 60 responses to the evaluation survey (30% response rate). Most respondents (80%) were CE/CPD professionals or physicians, and the results were overall very positive. Most (range, 71%–86%) agreed that they were better able to meet the conference objectives as a result of attending, and 95% said they intended to apply what they learned in their practice. When asked what changes they planned, 68% indicated that they would create or revise protocols, policies and/or procedures.

We then asked respondents how the format of the activity could be improved. As shown below, 46% of respondents said that no change is needed, and about a third (34%) would like to see more interactivity with attendees.



The last section of the evaluation addressed the social activities. We asked which of the social activities they would like to see at the 2025 Annual Meeting, and the top three were dinner with the board, the raffle with prizes, and visit with the therapy dogs. Respondents also indicated that the social activities made the meeting more fun and enhanced their overall experience.

Conference App Usage

We used the Whova conference app again this year, and it had 190 active users during the conference. The community boards were active, with 735 messages posted 238 photos shared. The in-person/virtual user ratio closely matched that of attendees, but the in-person audience used the in-app messaging and community boards more. The stats for watching presentations via the app

were evenly split, with 49% of streaming coming from the in-person audience and 51% coming from the virtual audience.

Conclusion

Overall, the 2024 SACME Annual Meeting was successful in that it was both professionally impactful and fun for attendees.

Be sure to save the date for the 2025 meeting—March 16–19 at the Omni Shoreham Hotel in Washington, DC! I look forward to serving as your Program Committee chair.

SACME Board: Meet our New Board Members

The SACME board is responsible for creating policies and managing the affairs of the association. Nominations are typically collected towards the end of the calendar year and voting is concluded prior to the organization's annual meeting in the early months of the following year when new board members are announced. The 2023 meeting sees a slate of new officers who have been "voluntold" to jump in and help our organization keep humming along. Below are some details about our newest additions to the cast of characters.

If you're interested in participating on any of these our other committees, please contact us at info@sacme.org.

PRESIDENT:

Kimberly Northrip, MD, MPH

Kim earned an MD and completed residency at the Medical College of Virginia in Richmond. She completed a fellowship at the Children's Hospital National Medical Center in Washington, DC.

She is an Academic Pediatrician at the University of Kentucky with special areas of expertise in community pediatrics training and child advocacy. She is the Medical Director of CAT, UK's Medical Legal Partnership. This program assists families with meeting basic needs

necessary for the health and well-being of their children. She is also engaged in advocacy efforts both locally and nationally. In addition, Dr. Northrip has been providing advocacy education to residents and medical students in the UK for the past six years.

VICE PRESIDENT:

Suzan Schneeweiss, MD, MEd, FRCPC, CPC (HC)

Suzan is a Professor in the Department of Paediatrics and Associate Dean Continuing Professional Development (CPD), Temerty Faculty of Medicine, University of Toronto. As Associate Dean of CPD, she promotes the academic mission of the largest CPD office in Canada. She is a staff physician and Director of Education for the Division of Paediatric Emergency Medicine at the Hospital for Sick Children in Toronto. Dr. Schneeweiss is a graduate of the University of Toronto in the Temerty Faculty of Medicine and holds a Masters of Health Professional Education degree from the Ontario Institute of Studies in Education, University of Toronto. She has worked with local, provincial, national and international organizations over the past 20 years to enhance and support lifelong learning. As an academic program director and conference chair for a variety of CPD programs and conferences, she has acquired a broad range of experience in the complexities of program development and

has been extensively involved in teaching. She is immersed at the national and international level in CPD professional development, building capacity for the next generation of CPD leaders.

PROGRAM CHAIR:

Jennifer Alessi, MA, CHCP

Jennifer is the Senior CME Manager at St. Jude Children's Research Hospital in Memphis, TN. In this role, she oversees all aspects of the CME program, collaborating with faculty and clinical departments to identify educational needs, develop interventions, and ensure compliance with Accreditation Council for Continuing Medical Education (ACCME) standards.

In addition, she has presented abstracts on quality improvement and data-driven program enhancements at the Society for Academic Continuing Medical Education (SACME) Annual Meeting and collaborated on an abstract about a novel PI-CME activity on professional development at St. Jude. She currently serves as the Program Committee Chair for SACME and is excited to help lead the society through its 50th anniversary next year.

NORTHEAST REGIONAL REPRESENTATIVE:

Linda G. Baer, MSPH, CHCP

Linda is the Co-Founder and Chief Operating Officer of ECHO Diabetes Action Network and Grants & Diabetes Education Manager of the Boston University Chobanian & Avedisian School of Medicine, is a public health and adult education professional. She has led continuing medical education departments at Joslin Diabetes Center, Harvard Medical School and Stanford University. Her passion for improving healthcare and quality of life for people with diabetes is personal, as she was diagnosed

with T1D at age 3, and at the age of 5 was asked to present at grand rounds about what life was like with diabetes and what people with diabetes needed from their clinicians. Linda has served as the Director of ECHO Research & Education and Lead Health Coach for Project ECHO Diabetes at Stanford University. She has started diabetes camping programs for youth in multiple Latin American countries, worked in clinical research on developing methods to transplant beta-cells without the use of immunosuppressors, and has served on the boards of multiple diabetes focused organizations.

CANADIAN REGIONAL REPRESENTATIVE:

Jerry Maniate, MD, Med, FRCPC, FACP, CCPE, CPC(HC)

Jerry is a physician at The Ottawa Hospital, an educator at the University of Ottawa and a researcher at the Bruyère Research Institute (BRI). He is the Vice Chair of Member Support with the Department of Medicine at the University of Ottawa. Dr. Maniate has extensive leadership experience in higher education in the health professions and health systems and also with national medical organizations. He is the Executive Director and Primary Investigator in the Equity in Health Systems Lab which he founded in September 2021. His work is focused on understanding and addressing health equity, accessibility, and social accountability in our health systems through collaborative partnerships using a scholarly lens. He is actively engaged and recognized nationally and internationally for furthering the dialogue on these important topics.





Top Ten Things I Learned at the 2024 SACME Annual Meeting

By Ginny Jacobs, Quality Catalyst Group, LLC

It was great to see so many of you able to attend SACME's annual meeting this past March. The theme for the 2024 meeting was *"Exploring the Expanding and Evolving CPD EcoSystem: Looking Globally, Working Locally"*. As time passes, and before any of the freckles I gained (thanks to sunny San Diego) fade further, I want to take a moment to reflect and share some of the key takeaways I packed in my bag at the end of our gathering.

As a matter of initial reflection, I must note I found it quite fitting that SACME selected San Diego as the host site for this year's meeting. Not only for the sake of its gorgeous blue skies and inviting ocean breezes, but for the fact that it coincidentally holds other distinctions from which we may draw further inspiration as CPD professionals and agents of change in healthcare education.

Most notably, this meeting brought us near the town that inspired author Theodore Geisel (Dr. Seuss) to create the imaginary town of "Whoville". As you may recall from Seuss' famous holiday book, even the quintessential naysayer (the Grinch himself) was unable to erode the wholesome, positive energy championed by the residents of Whoville. Does the CME/CPD profession ever face negative cynical forces such as those characterized by the Grinch? If so, I would ask, 'Are we leveraging a consistent and positive message to combat those criticisms and attacks?' The residents of Whoville certainly found strength in numbers and, from what I can tell, the CME/CPD community seeks to do the same through an on-going exchange of ideas and strategies.

Whoville was also featured in an earlier book by Seuss entitled, *Horton Hears a Who*, for which Dr. Seuss received praise for the moral message he exemplified through his story which featured Horton the Elephant. In this 1954 classic children's book, Horton (a proud Whoville resident) serves as the ultimate metaphor for believing in yourself, your mission and what you know to be true (in spite of societal pressures to the contrary). In this story, Horton (yes, the elephant) fights to show

the other animals that even the small people are people deserving of respect and love. Interestingly, the author describes how Whoville appears to have an incredibly thick cloud layer that can only be pierced by an equally incredible amount of sound. In particular the message got through by Horton talking with a raised voice, or (as was done with a united and well-aligned community) every single resident of Whoville directing a large amount of sound at a single point on this barrier. Now doesn't that seem like an excellent metaphor for those of us in the field of CME/CPD who could be reminded of our need to focus our message, use our collective voice (i.e., make some noise), and leverage the strength we have in numbers?

When considering an additional distinction as to why the golden gem of San Diego suitably played host to SACME's annual meeting, how many of you realized that San Diego is home to the birthplace of WD-40? As you may recognize, WD-40 stands for Water Displacement, 40th formula, and it is a very practical product invented back in 1953. It is an all-purpose oil-based product which has deservedly earned a valued place in the world of home repairs and maintenance as an effective response to a rusted bolt, squeaky wheel, squeaky door, etc. (you get the idea). Metaphorically speaking, this reminds me: How often does CME/CPD allocate resources in the form of grease (WD-40 or the like) to a squeaky wheel? Are those decisions to address what could be viewed as a non-priority concern aligned with our overall strategy? We all typically have limited resources and our selection of tools and/or remedies should align with our established educational priorities in accordance with our institutional strategies. Granted, some squeaky wheels require immediate attention (if for no other reason than they are a pet peeve of a senior leader or perhaps they fall into the category of an annoyance to loyal partners within earshot). However, let's not allow the squeaky wheels to distract from our need to appropriately prioritize and address our main educational goals and objectives with a focus on a long-term view.

Pardon me, I digressed. Please allow me to move on and share my list of the Top 10 lessons I learned at the 2024 SACME meeting:

10 Artificial Intelligence (AI) is part of a much broader context. As noted in the pre-conference workshop entitled “Unlocking the Potential of Generative AI for Enriching CPD”, the faculty team highlighted how it is important to be mindful of how Large Language Models (LLM) and Generative AI (GenAI) fit into the larger context of Machine Learning (ML), Deep Learning (which is often defined as ML with more data), all under the Artificial Intelligence (AI) umbrella. We are witness to an exciting explosion of new tools being made which are designed to help us leverage the power of AI. There are vital skills we need to develop to optimally adopt the use of these tools while implementing processes and policies (societal and institutional) to address data and algorithm bias, as well as to navigate transparency and accountability concerns.

9 Properly utilized, AI tools can drive improvements in clinical and operational decision-making, however, AI policies and frameworks must exist. In his plenary session entitled, “Applied AI in Health: What the Education Field Needs to Know”, Muhammad Mamdani delivered on his promise to use real-world examples to explore how AI is being applied in healthcare with a practical approach to understanding its potential, its limitations, and the implications for CPD. He defines AI as “a mechanism to understand how to understand complex data and relationships”. In this brief [University of Toronto article](#) Muhammad shares his thoughts related to the use of AI for improved clinical and operational decision-making.

8 We must apply an equity lens to all aspects of our work in CPD. There are important differences between cultural humility and cultural competence. Cultural humility offers a lifelong commitment to self-reflection and critique, while also seeking to fix the unfortunate power imbalances that exist, rather than merely acknowledging they exist. We must deliberately identify and implement strategies designed to build trust in patient and healthcare provider relationships so as to address the factors that contribute to healthcare disparities. Furthermore, it is also necessary to ensure an equity lens is applied to AI education. David Wiljer presented results from a scoping review that was conducted outlining the

need to develop strategies across multiple levels (i.e., individual, interpersonal, organizational, and system).

7 The climate crisis IS a health crisis. In her plenary presentation entitled, “We Can Do This: Leveraging CPD to Address the Climate and Health Crisis”, Ann Kurth, President of The New York Academy of Medicine, delivered an important call to action. She discussed why it matters in healthcare and CPD and she highlighted how we must apply multi-faceted remedies. Most healthcare professionals are, understandably, overwhelmed with the number and intensity of priorities and variety of improvement initiatives they face. Therefore, it is critical we use language that speaks directly to the concerns we face, the evidence that desperately calls for needed change, and then also underscore the relevant measures that can accurately help us monitor and track our progress.

6 Let’s refer to the Evolution of Competence, as opposed to Maintenance of Competence. The key point here is that the description of what it requires to remain competent is a constantly moving target. The challenge is for us to create a teaching environment that systematically positions our learners to help them ‘skate to where the puck is going to be’ (to draw from a quote by Wayne Gretzky.) We must not strive for a static marker of excellence in an environment that is constantly advancing or it will result in our healthcare professionals consistently lagging behind in their understanding, application, and mastery of the advances that are being made in the field.

5 JCEHP supports SACME’s efforts to promote meaningful and impactful scholarship in the field of CPD. Several key points are worthy of note from Simon Kitto’s JCEHP Update: a) We were reminded of JCEHP’s pre-submission inquiry which provides an opportunity to engage in a preliminary discussion regarding your proposed journal article; b) JCEHP appears to have effective processes in place to maintain its standing as a recognized quality journal. It has taken steps to further streamline its operational review process. Success may be reflected (in part) by the number of submissions - In 2023, JCEHP received 409 submissions from 46 countries, with 231 falling in the category of Original Research; c) JCEHP, to the credit of Simon Kitto, Jennie Noakes, and the JCEHP Editorial Board, has maintained a respectable impact factor. The acceptance rate for 2023 is 13.1% (down slightly from the 2022 rate) and the time to first decision has continued to be reduced (now just under 25 days for 2023, which is down from 31.5 days in the previous year).

4 How are patients helping guide us in our work? In the Barbara Barnes plenary session, Sophie Soklaridis, PhD, noted how patients have taught her as much about her job as any of her mentors. This prompted me to ask how we are individually and collectively ensuring that we have a systematic and active approach in place (for educational planning purposes) to gather (and truly listen to) patient input and feedback to guide our work? I hear hints of Whoville again noting that everyone's voice should be heard. Isn't that a fitting claim as all patients (and caregivers, for that matter) must be treated with respect and know that they matter? We have so much to gain from their perspectives.

3 I trust we are not recreating the wheel, are we? Are we fully utilizing the tools that exist? Many times we hear about new resources that have become available, but it is easy to forget they exist when we head back to our busy office. For example, Dr. Graham McMahon's presentation, made on behalf of the Accreditation Council for Continuing Medical Education (ACCME), he shared an important reminder of the various initiatives and resources that have been generated. Specifically, he called out the value of the [CE Educator's Toolkit](#), which is a unique educational resource developed by SACME (thanks to a grant from the ACCME). I heard several comments from colleagues at the meeting who were reminded they have an opportunity to use these resources to help them equip their staff and clinical educators with best practices and guidelines to deliver effective continuing education (CE).

In addition, I want to note that a comprehensive Proceedings Report from the 2024 SACME meeting can be found in the most-recent issue of [CE News](#). It provides a summary of the meeting's plenary sessions, oral and poster presentations and we hope you find it to be of value to you and your colleagues.

2 All initiatives should be accompanied by clear, relevant metrics identified by a well-informed collective. This is certainly not a new concept, however, it can sometimes be lost in the flurry of the big-picture planning that often surrounds challenging clinical conditions and complex operational procedures. There are several change models that describe how to transform an organization and/or drive sustainable change. One common principle across those models highlights how it is critical to establish a sense of urgency and then form a powerful guiding coalition to drive the desired change. This points to a reminder that we should not attempt to boil

the ocean, but rather we must be realistic and establish metrics (measures of success) that are visibly aligned with the intended behavior/practice change.

Drumroll, please.....

1 In picturesque fashion, the sailboats I saw out on the San Diego Harbor contributed to my view of the NUMBER ONE take-away from this year's SACME annual meeting. I was reminded of how the speed at which one is able to travel in a sailboat is dependent upon their ability to harness the energy that exists in the wind. To navigate the elements often requires adjusting the sails. This is a fitting point at which to share one of my favorite quotes, which is from Oliver Wendell Holmes, Sr. and happens to portray a sailing theme.

"I find the great thing in this world is not so much where we stand, as in what direction we are moving – [to reach a port] we must sail sometimes with the wind and sometimes against it—but we must sail, and not drift, nor lie at anchor."

Let's be sure to continue to find creative ways to adjust our sails (as needed) and to set a positive course for our CPD vessel. Please utilize the resources shared by our colleagues and incorporate the ideas that were exchanged at this year's SACME meeting. Thank you to all who participated in and contributed to the meeting.



Podcast Features Strategies for Improving Healthcare CPD

The [latest episode of “Emerging Best Practices in CPD,”](#) a podcast hosted by Dr. Brian S. McGowan, PhD, FACEhp, delves into effective strategies for enhancing continuing professional development, a key focus in the healthcare education sector.

In the podcast, Dr. McGowan engages in a compelling discussion with Dr. Graham McMahon, President and CEO of ACCME, and Dr. David Wiljer, Executive Director of Education, Technology, and Innovation at University Health Network and Professor at the University of Toronto. The conversation stems from the insightful article, [“Paving the Way Forward for Evidence-Based Continuing Professional Development,”](#) featured in the Winter 2024 issue of *The Journal of Continuing Education in the Health Professions*.

The trio discuss the transformative potential of learning in the healthcare environment, highlighting the need to shift from a traditional knowledge transfer approach to one that enhances skills, improves performance, and maximizes clinician potential. Dr. McMahon emphasizes the power of learning as a catalyst for change within the healthcare ecosystem.

The podcast further explores the [CE Educator’s Toolkit](#), a valuable resource developed by the Society for Academic Continuing Medical Education (SACME) and funded by an ACCME research grant. Dr. Wiljer, a past president of SACME, outlines the toolkit’s focus on three educational strategies—small-group, case-based, and reflexive learning—and introduces three methods to enhance these strategies: Quality Improvement tools, integrating equity in CPD, and robust evaluations.

“It is very easy to create high quality learning experiences that are effective,” McMahon says in the podcast. “Our challenge, our opportunity and our joy are to follow some of these guidelines to do best with the time that our community gives us, and have it be a positive experience.”

McGowan urged CPD planners to set aside one hour a month to explore the toolkit and discuss with their teams how it can benefit their programs.

“If we want to take our programs from a 7 to a 10, the best way to do it is to use the CE Educator’s Toolkit,” he said.

This podcast is a must-listen for CPD planners and healthcare educators aiming to elevate their educational programs. Tune in to gain expert insights and practical tools for advancing professional development in healthcare.

Join the Upcoming ACCME 2024 Accreditation Workshop in Chicago

New to accredited CE? Thinking of pursuing ACCME accreditation? Join ACCME in Chicago on August 27-28 for an in-person Accreditation Workshop to learn more about the ACCME’s requirements and expectations for accreditation. Attendees will explore strategies for planning effective CE to support your learners, your organization, and the community you serve. Learn more and register [here](#).

Learn to Thrive PLUS – Continue the Conversation

ACCME convened its annual conference, Learn to Thrive 2024, in May in Chicago. Learn to Thrive PLUS let us continue the conversation during an online only gathering on Tuesday, Oct. 29. LTT+ is perfect for those who could not attend the in-person event and for those who did attend are looking for more in-depth conversation about topics explored at the conference. Registration for LTT+ will open this summer. Watch [this page](#) for details.

Save the Date for Learn to Thrive 2025

Mark your calendars for Learn to Thrive 2025, April 23-25, 2025, at the Hyatt Regency Chicago and watch for updates [here](#).

ACCME 2023 Working Groups Release New CE Planning Resources

In May 2024, ACCME unveiled four valuable resources that ACCME’s 2023 Working Groups created over the past year for their CE colleagues. These practical, easy-to-use tools will help [address the stigma of opioid use disorder in your educational activities](#), [level up your patient-partner engagement](#), [spark innovation in CE planning](#), and [take creative approaches to fund your CE program](#). Explore the resources [here](#). Working Groups are a longitudinal learning opportunity that leverage the convening power of the ACCME’s Learn to Thrive annual meeting to facilitate the collaboration of CE professionals in the production of a resource for the accredited education community.

Communications Committee Report

By Cindy Juarez, Paul L. Foster School of Medicine,
Texas Tech University Health Sciences Center El Paso

The unofficial start of summer has come and gone and for many of us, we might be in that small lull in programming as vacations commence. As we enter this period of renewal, we within the SACME Communications Committee are gearing up for transition and rejuvenation. As was announced a few months ago, SACME is about to undertake a transition with the association management companies, and the Communications Committee will work with the transition team to assure our communications stay on track and timely.

This spring we saw an increase in the number of groups that wanted to share their information on their upcoming CPD/CME programs. Several asked if we could share this information on our Pulse Points newsletter. While we encourage sharing of information, Pulse Points, is designated solely for SACME programming announcements. That being said, members are encouraged to join our LinkedIn group: at <https://www.linkedin.com/groups/8468198/>. Here you can share information on your upcoming programs and engage one another in

conversations on CPD/CME and other forms of accredited continuing education. Also, we have a listing on our SACME webpage for Non-SACME events: https://sacme.org/Non_SACME_Events. You can submit requests to promote your various programs by sending an email with pertinent program information and accompanying graphics or flyers to info@sacme.org.

Finally, I encourage our membership to utilize our SACME Listserv, in order to engage with one another and solicit feedback and to discuss best practices. As part of your membership you have access to this list and the plethora of collective wisdom our members carry with them. An answer to your professional questions might be one email away. You never know when as an outgrowth of this engagement a future collaboration or collaborator might be found.

Looking forward to another wonderful season and wishing everyone reflection and renewal as many of you take time to get away!



Key Topics and Current Challenges in the CPD Landscape

By Martin Tremblay, Jessica Walter

The SACME Scholarship Committee's charge is to provide guidance to the board to help grow and maintain SACME's position as an international academic leader in CPD scholarship. In this capacity, its objectives are to assess and report on the status of the discipline, build capacity to conduct and enhance research by scholars

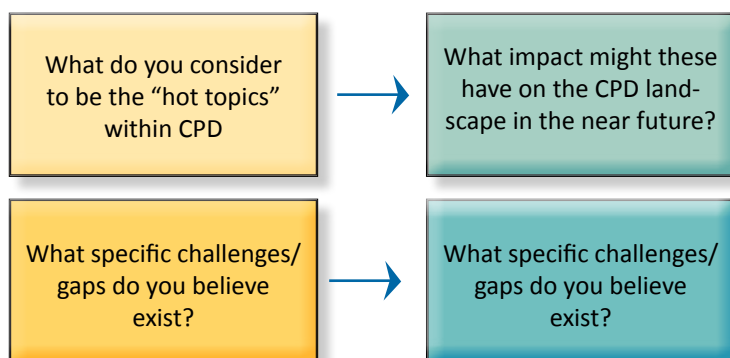
and CPD consumers within the institutional scholarly environment, and to develop and conduct research.

Following the SACME annual meeting, the committee applied their collective knowledge to conduct a brainstorming session on the status of the CPD landscape.

Using the collective knowledge of committee members of different nationalities, professional experience, and research backgrounds, we conducted an internal focus group at our April meeting, approximately 20-30 minutes in length, to assess the status of our discipline. During this activity, we asked the following questions:

- What do you consider to be the “hot topics” (or areas of significant interest) within CPD currently? What impact might these have on the CPD landscape in the near future?
- What specific challenges (or gaps) do you believe exist in the current landscape of CPD? How could these be addressed?

Using the Mural whiteboard tool, the committee distilled their ideas into a streamlined picture of responses provided to create a snapshot of informed opinions on the topics and gaps we should be paying attention to over the course of the next year.



Key topics that emerged included specific workplace skill sets such as using artificial intelligence, continuum of education alignment, well-being, and leadership competencies along with issues of social responsibility, diversity, equity and inclusion, and first nations health.

Significant gaps identified included facilitating interdisciplinary teamwork, methods and mechanisms for bridging between CPD and QI, and increasing competencies in research, learning theory, and “what works” in CPD. You can click on the graphic or [right here to view the board](#).

Committee members see some of these hot topics as impacting overall administrative efficiency in managing CPD while also empowering CPD professionals to enact change. Increased utilization of newly learned skill sets along with thoughtful leadership, has the potential to develop cultural safety that creates an environment

to identify and develop innovative solutions for deeply embedded problems in healthcare and healthcare education.

Of course, adequately addressing these emerging key components of CPD education will require addressing some of our identified challenges, and some of the mechanisms that can help achieve this include increased involvement of faculty in new initiatives, developing research competencies, and perhaps developing a roadmap for CPD professionals to support specific career paths in the field.

And where would we start addressing these issues? Well. The general idea is to get feedback from our members (yes, we’re looking at you) and use these results to provide information to our Board of Directors and to provide some guidance for the annual meeting programming committee so that the topics we include in workshops and for the SACME annual meeting directly address aspects of the CPD environment that SACME members need to incorporate into their practice.

Some of these topics were not on our radar screens just a few years ago, and some may not show up next year or in 2026. We expect this will become an annual exercise for the committee, but we don’t want it to be isolated to the committee. As you review the whiteboard, we’d also like you to consider and comment on how some of these topics fit into your professional landscape and identify some of the gaps that create challenges for you and your teams in your local settings; to reflect on your own practice as a CPD professional and consider how you might address these issues going forward.

You may well be addressing these and other issues right now, and the tools and procedures that you have developed in that process may well be content that you can share as a presentation or poster, or even in a workshop, to help create the kind of sustainable community of practice that can drive our profession forward. So take a look through the whiteboard and see what questions it raises for you. What would you like to add? Are you addressing some of the identified gaps right now? If you have some feedback, and/or additional insight you would like to share with the scholarship committee, [let us know](#). And if you have some specific questions, or don’t know where to start on questions, [join your regional coffee chat](#) and ask your peers how they are juggling this maelstrom of topics in their corner of the CPD world.

Updates from the AAMC

By Lisa Howley, MEd, PhD, Senior Director, Transforming Medical Education | lhowley@aamc.org | [@LisaDHowley](https://twitter.com/LisaDHowley)



As medical educators, we realize how impactful our work can be especially when we collaborate and work across disciplines, professions, and the continuum, to effect positive change. This quarter, I call upon our colleagues in the CME/CPD community to join us in effecting change for those persons with a disability, nearly 1 in 4 Americans. Unfortunately, the majority of U.S. physicians report being unprepared to effectively care for people with disabilities, which leads to greater inequities in health outcomes for this diverse population. In this update, I include several resources and ways to learn more, commit to taking action, and to joining the broader medical education community towards better health equity for all. I also want to invite those who are already doing exemplary work in this area to share via email and in our new virtual community! Please email curricularinnovation@aamc.org so we can learn from you and spotlight your efforts.

As a reminder, the AAMC (Association of American Medical Colleges) is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 158 U.S. medical schools accredited by the [Liaison Committee on Medical Education](#); 12 accredited Canadian medical schools; approximately 400 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies (including SACME). Additional information about the AAMC is available at www.aamc.org

Below are several updates, including those specific to disability care, that are relevant to our colleagues in continuing medical education and continuing professional development. Feel free to reach out with questions or suggestions to cme@aamc.org or lhowley@aamc.org

Select AAMC Offerings and Initiatives

Roadmap Available for Improving Care for Persons with Disability

The AAMC is a member of the Action to Build Clinical Confidence and Culture (ABC3) Coalition and recently released [the National Roadmap for Disability-Inclusive](#)

[Healthcare](#)! This new roadmap offers clear goals and commonsense actions clinicians and groups involved with healthcare can take to make healthcare safer and better for people with intellectual and/or developmental disabilities (IDD). Watch a video about the roadmap [here](#)

Learn from Experts and Engage with Colleagues: New Artificial Intelligence (AI) Offerings

The landscape of AI is quickly evolving. Advances in this technology have led to new opportunities across academic medicine as well as questions and challenges around best practices and ethical use. The AAMC has several upcoming opportunities for you to connect with your peers, share your experiences, and learn from experts, including a free AI in academic medicine [webinar series](#) and [virtual community conversations](#). Also available is a [collection](#) with scholarly resources, news articles, podcast episodes, and other information to help you stay up to date on the latest work happening across academic medicine. Check out [the complete list](#) of the AAMC's AI activities.

Addressing Misinformation in Health Professions Education

The AAMC, with the Centers for Disease Control and Prevention, is engaged in a multi-year strategic initiative to address medical misinformation and mistrust through health professions education. The goal is to improve health professionals' ability to communicate about health information and dispel misinformation, myths, and disinformation. Four teams representing diverse health care settings are currently developing a collaborative toolkit of shareable resources. We recently became a member of the [AAAS Coalition for Trust in Health and Science](#) and will be co-sponsoring a national summit with Duke University SOM and RTI International in November to review the current and needs for future strategic efforts. More information can be found [here](#) and [here](#).

Organizational Leadership in Academic Medicine Seminar | September 24 - 26

Santa Ana Pueblo, NM

Associate deans and department chairs in the first three years of their role are invited to participate in an AAMC leadership development seminar. Participants will learn critical leadership skills needed to tackle a range of new operational and organizational responsibilities while building meaningful connections with peers in academic medicine.

Learn, Serve, Lead 2024: The AAMC Annual Meeting | November 8-12

Atlanta, GA

This annual event draws thousands of attendees from across the academic medicine community to connect with thought leaders and spark conversation on critical issues impacting medical education and patient care. Register before Aug. 7 to receive a discount on access to all programming, including plenary sessions, the Voices of Medicine and Society lecture series, and more than 100 breakout sessions.

Inclusion, Diversity, Equity, and Anti-racism (IDEAS) Learning Series

The IDEAS Learning Series channels experts and resources from within the AAMC and across academic medicine into webinars designed to help busy professionals cut through the noise and find ways to act on relevant initiatives. Academic health professionals may be experiencing information overload or unsure about where to get the comprehensive, reliable information they need to act. This series is designed to help. Learn more and register [here](#). Learn about additional [AAMC resources, initiatives and publications](#) supporting increased equity, diversity and inclusion.

Scholarly Publishing Webinar Series

This free [webinar series](#), co-sponsored by *Academic Medicine* and *MedEdPORTAL*, will cover the importance of publishing your education scholarship and practical suggestions for how to do so successfully, including how to improve your writing and navigate the peer-review and publication processes. Sessions will include interactive exercises to practice what you have learned and time for Q&A with the featured panelists.

Recognizing Maternal Mental Health Awareness Month through advocacy, education, and collaboration

The AAMC is committed to working with member medi-

cal schools, teaching hospitals, and other collaborators to highlight and educate around the successes and challenges in improving maternal mental health outcomes through clinical interventions and care models. The association has compiled a number of resources for both individuals and institutions to support better approaches and policies for maternal mental health care, including research briefs, best practices, data from the AAMC Center for Health Justice, and resources from other organizations.

Select AAMC Resources

Special AAMC community and collection on disability inclusion in medical education

To support the community in teaching and supporting health equity for those individuals with disabilities, the AAMC offers a new virtual community and resource collection which includes scholarly resources, in-person and virtual events, and other information to help you stay up to date on the latest work happening across medical education. We invite our CPD colleagues to join and help aid our work to create more disability inclusive environments. [AAMC Virtual Community](#) (registration required)

Special AAMC resource collection on health effects of climate change

To support the community in teaching about the health effects of climate change, the AAMC offers several special collections focusing on climate change and medical education, including collections in *Academic Medicine* and *MedEdPORTAL* featuring the latest peer-reviewed literature and teaching and learning resources. The AAMC also hosts a dedicated virtual community and a curated resource collection on this critical issue.

- [Academic Medicine Collection](#)
- [MedEdPORTAL Collection](#)
- [AAMC Virtual Community](#) (registration required)
- [AAMC Resource Collection](#) (registration required)



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SACME Membership Committee Report

By Natalie Sanfratello, Boston University Chobanian & Avedisian School of Medicine

The Membership Committee makes strides to improve the applicant and member experiences. We have continued our recruitment efforts along with working through some proposals for board and membership review and vote!

Our institutional discount proposal, which would incentivize institutions to have more of their employees as members in SACME through a volume-based discount, is still under deliberation by the board which plans to review and vote on it during our annual board retreat in the summer. However, our other proposal, the affiliate member category which will open up membership to those in our field who are currently not eligible for membership but do contribute to the scholarship of CE/CPD, has been approved by the general membership and will be implemented in the coming months.

For our outreach efforts, we have prepared a survey which will be sent out to via the listserv to gain some information from the SACME membership on how they heard about SACME initially, a bit about their work environment and institutional setup, and what other formal and informal groups in which they may participate with others in the CE/CPD field. We hope that this information will help us to identify new recruitment avenues to build up our membership. We also anxiously await a new set of tasks for the year from the Board!

And now to the superstars, our Regional Reps! All our regional reps (except Canadian/International) host regularly recurring coffee chats offering an opportunity to talk through the day-to-day obstacles of working in this field with colleagues. I have often heard them referred

to as a safe space and even a support group for us CE/CPD professionals. Since new members may be hesitant about joining the regional groups, we want to give them a taste of the topics covered in the coffee chats with a quarterly series of national coffee chats. We have had three national coffee chats so far (June 2023, September 2023, and January 2024). Our next one will be June 14th from 12-1pm ET on the topic of use of AI for day-to-day CE/CPD tasks. These have all been well attended, and I hope you will come to the next one if you have not checked it out yet! We hope the success of the national coffee chats will drive more engagement towards the regional coffee chats as well as other opportunities offered. The regional coffee chats themselves, posts to the listserv, and ideas from committee members will serve as the basis for topic selection, and if you have suggestions for future quarterly coffee chats or any feedback, please reach out to me!

As a membership committee, we are always looking for opportunities to better engage the existing membership as well as recruit new members. I encourage you all to reach out to me with any other ideas about how we can improve your experience as a member in SACME or recruit new members. We have open positions on the membership committee (and many other committees) if you would like to get more involved. (I am looking for a Vice Chair!). I have found that volunteering on a committee has only enhanced my SACME experience and connected me to more colleagues. I am always happy to connect you with your regional rep who can speak about the volunteer opportunities in SACME and which one may be the best fit for you. Hope to hear from you soon!

Updates from the ABMS

By Greg Ogrinc, MD, MS

Senior Vice President, Certification Standards and Programs



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

ABMS Advisory Body on Specialty Board Development Invites Third-Party Comments

On April 24, the ABMS Advisory Body on Specialty Board Development (Advisory Body) invited comments from third parties regarding an application from the American Board of Cardiovascular Medicine. The Advisory Body, which is charged with receiving and evaluating applications for approval of new specialty boards for membership in ABMS, endorses the value of obtaining input from a wide range of stakeholders. Therefore, as a part of this evaluation process, the Advisory Body will accept written third-party comments from a variety of stakeholders to inform deliberation and review via an online submission form. Comments received will be shared with the Advisory Body as well as with the applicant board. The third-party comment period is open until July 24, 2024.

ABMS Issues Statements on Upholding Standards, Promoting Professionalism

ABMS recently issued two statements. In the policy statement on upholding standards in specialty practice, ABMS maintains that the “profession must set, maintain, and enforce the highest standards for clinical competence and accountability, and physicians must be permitted to practice according to those standards.” When the legal and private systems that regulate the profession of medicine are misaligned, the entire system of self-regulation is jeopardized, the statement concludes. “When care is criminalized, as is the case in more than 15 states, trust in the government to fulfill its duty to both physicians and patients is eroded. When laws and regulations do not align to a standard of practice developed by a specialty on a politically divisive topic, ABMS will support

the specialty to develop its standards and will support physicians in that specialty to practice to the standards set by their specialty.” [Read the policy in its entirety.](#) In the Position Statement on Promoting Professionalism, ABMS states that it supports the Member Boards in adopting policies and fostering programs to promote professionalism, while ensuring alignment with certification standards. [Read the position statement in its entirety.](#)

Plenary Speakers to Explore AI, CBME at ABMS Conference 2024

Speakers for the opening plenary at the [ABMS Conference 2024](#), which will be held September 24–26 at the Fairmont Chicago, Millennium Park, will explore AI in Medicine: Embracing the Opportunities and Facing the Challenges. The featured panelists, along with moderator Richard E. Hawkins, MD, ABMS President and Chief Executive Officer, will look at ways to harness AI’s potential in training and certification as well as explore the unique challenges and opportunities it poses to the health care delivery system and the board certification community. The [plenary speakers](#) are:

- **Jason R. Frank, MD, MA (Ed), FRCPC, FAOA (hon)**
Director, Centre for Innovation in Medical Education; Professor of Emergency Medicine, University of Ottawa Faculty of Medicine
- **Michele S. Pore, MBA, CAE**
Executive Director, Administrative Affairs, American Board of Anesthesiology
- **Victoria Yaneva, PhD**
Manager, AI and NLP Research, National Board of Medical Examiners

Speakers for the Lois Margaret Nora Endowed Lecture Plenary will discuss Competency-Based Medical

Education: Where We Were, Where We Are, and Where We Need to Be (September 25). This last in this series will focus on ABMS Member Boards whose specialties have embraced the concept and moved forward in adoption, those who are exploring CBME, and the implications for initial and continuing certification. The [plenary speakers](#), with Dr. Hawkins as the moderator, are:

- **Bronwyn H. Bryant, MD**
Associate Professor, Pathology and Laboratory Medicine, Larner College of Medicine and University of Vermont Medical Center
- **David F. Martin, MD**
Executive Director, American Board of Orthopaedic Surgery

- **David A. Turner, MD**
Vice President, CBME, American Board of Pediatrics

Registration for ABMS Conference 2024 opens mid-June.

ABMS Releases Spring Issue of *ABMS Insights*

The spring issue of [ABMS Insights](#) focuses on soliciting public perspectives in board certification. Articles highlight how ABMS has expanded public input throughout the years; how public members have influenced Member Boards' processes and policies; and how Member Boards engage with the public through their specialty societies and patient advocacy groups, and other ways.

SACME Virtual Journal Club: Session Overview

By Mila Kostic, VJC Host and facilitator

This month we continue our series with authors who contributed publications to the recent *Journal of Continuing Education in the Health Professions (JCEHP)* supplement themed “*Conceptual Advances in Continuing Professional Development in the Health Professions*.” Join us for the opportunity to hold conversations with scholars in our field who are examining and challenging some of the prevailing assumptions and proposing new empirical and theoretical insights. In this session, René Wong of the Department of Medicine at the University of Toronto and Simon Kitto of the Lee Kong Chian School of Medicine at Nanyang Technological University in Singapore, will explore [Rethinking Context in Continuing Professional Development in the Health Professions](#).

It has been argued that continuing professional development (CPD) to improve patient and health outcomes effectively requires a theoretically informed understanding of how context influences clinical behaviors and, thus, the success of interventions. Frameworks that incorporate and consolidate constructs from a broad array of theories have been purported to allow researchers to capture and evaluate behavioral determinants.

In this session, the authors will outline frameworks commonly cited in the CPD literature and explore how they

tend to conceptualize context as structured lists of barriers and facilitators. Using an illustrative example of diabetes, a clinical condition for which continuing education has been positioned as a strategy to overcome clinical inertia, we explore how a framework approach to context may obscure consideration of how the dynamic relationships between clinicians, patients, and the social environments shape the possibilities for knowledge transfer into practice. They will then lead us in the discussion about how theories that draw attention to the social dynamics beyond what occurs within the controlled environment of the interventions themselves can increase the depth and richness of the contextual nature of why interventions succeed or fail.

As always, we welcome your thoughts and perspectives and hope to see you at our July [VJC](#).

Primary Reference and Pre-Reading

Wong, René MD, PhD; Kitto, Simon PhD. Rethinking Context in Continuing Professional Development: From Identifying Barriers to Understanding Social Dynamics. *Journal of Continuing Education in the Health Professions* [43\(4S\):p S9-S17, Fall 2023](#). | DOI: 10.1097/CEH.0000000000000543



The JCEHP Supplement: Conceptual Advances in Continuing Professional Development in the Health Professions

The Fall 2023 edition of the Journal of Continuing Education in the Health Professions (JCEHP) contains a [supplement](#) that presents a compelling shift in thinking within the realm of continuing education for healthcare professionals. This edition, funded by SACME and supported through a number of submissions by SACME members, examines innovative strategies and emerging trends designed to enhance the effectiveness of continuing education programs in the healthcare sector.

The specific aim of this supplement is “to stimulate educators and researchers in CPD and beyond to challenge existing assumptions and commitments, be productively disruptive, and to present new or emerging philosophical and theoretical insights for the CPD community to consider”. The overall message is that CPD must evolve to impart any deep understanding of the increasingly intricate and interwoven nature of healthcare, and its primary focus should be on longitudinal, collaborative, context-specific, team-based interventions.

New models are replacing direct instruction with constructivist approaches, individual learning plans, and integrated learning structures in education of all forms and at all levels, and CPD is no exception. Articles in this supplement address the interaction of contextual factors as an area of study that can be helpful in improving evaluation of outcomes while growing our understanding of how ideologies, meanings, and social structures shape HCP practice; describe the role of frameworks in creating

equitable and inclusive education from the ground up; and examine approaches to help those connect theory to practice.

These articles challenge many basic assumptions about how we approach CPD and build on existing models to create new directions and fresh perspectives on theoretical frameworks and technological tools along with delivery and evaluation mechanisms. Throughout, you will also see a thread addressing psychosocial aspects of the education process, recognizing the essential nature of education as sociocultural process that requires us to adapt all of our new structures, tools, and tricks to how people work and interact while promoting critical thinking and innovative approaches to the rapidly evolving healthcare landscape. And as you read you’ll note that our authors still recognize this as a starting point for further discussion, research, and analysis in the field of CPD. One that will lead to practical advances for planning and implementing effective educational activities. As HCP education continues to evolve rapidly in the face of substantial budgetary pressures, sweeping technological change, and rapid advances in diagnosis, treatments, and care models, the articles contained within the supplement impart the fundamental lesson that we must embrace a learner-centric approach, promote collaboration, and meet learners where they are in an environment fraught with financial and organizational challenges. You can find the supplement on the [JCEHP website](#).



INTERCOM

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