

FROM THE PRESIDENT

By Ajit K. Sachdeva, MD, FRCSC, FACS

President, Society for Academic CME

Director, Division of Education, American College of Surgeons

Since my last report of October 2017, the Society for Academic CME (SACME) has continued to make major strides in the five domains of our strategic agenda, including leadership; innovation; scholarship; member engagement; and operational excellence. Specific action items from the SACME Board of Directors Retreat of Summer 2017 have formed the basis of significant advances that have been made in the five domains mentioned above. Each month, a blueprint of these action items is shared with the SACME Board and is used as the framework for meaningful discussions and major decisions. I am delighted to share with you highlights of the significant progress that has been made through the tireless efforts of SACME leaders and members.

In the domains of leadership and innovation, the new Academy of SACME Fellows has been very active. Following the inaugural conference call of this Academy in the Fall of 2017, a Steering Committee was appointed to define a strategic agenda for the Academy and to begin pursuit of innovative endeavors. The Steering Committee includes the following: Ajit K. Sachdeva (Sach), MD, FRCSC, FACS (Chair); Barbara Barnes, MD, MS; Morris (Moss) Blachman, PhD; Dave Davis, MD; John (Jack) R. Kues, PhD; Paul E. Mazmanian, PhD; Don Moore, PhD; and Joan Sargeant, PhD. Deliberations within the Steering Committee have resulted in deep dives into two new programs – a Certificate Program for Leadership in Academic CPD, and a National Mentorship Program. Two Workgroups of the Steering Committee were created to explore these opportunities further. Members of the Workgroup focusing on the Certificate Program for Leadership in Academic CPD include Barbara Barnes (Chair); Dave Davis; Jack Kues; Joan Sargeant; Moss Blachman; and Sach. Strategic dialogues between Sach and the Association of American Medical Colleges (AAMC) leadership resulted in an understanding that

this new program would be owned and branded by SACME, and AAMC would contribute to and support the program. Members of the Workgroup on the National Mentorship Program include Jack Kues (Chair); Randa M. Kutob, MD, MPH; Paul Mazmanian; Don Moore; and Sach. Both Workgroups continue to make significant progress and meet monthly via conference calls. Background analyses of needs and results of exploratory work are being used in the design of both programs. The two Workgroups presented progress reports during the second conference call of the entire Academy of SACME Fellows convened in January 2018. The presentations were well received by Academy

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Members. The Workgroups will continue to pursue the respective programs and present a detailed report to the entire Academy of SACME Fellows on Wednesday, April 25, 2018, during the Annual SACME Meeting in San Antonio. Also, during the Academy Meeting in April, a Charter for the Academy will be presented and adopted. In addition, the Academy continues to explore a number of other innovative programs to advance the field of CPD. Three individuals will be inducted as Fellows of SACME and Members of the Academy during the SACME Business Meeting on Friday, April 27, 2018. Their names appear in the Table below.

Helena P. Filipe, MD, MSc

Professor Ronald M. Harden, OBE, MD, FRCP
(GLAS), FRCS (ED), FRCPC

Ajit K. Sachdeva, MD, FRCSC, FACS

Table: New Fellows of SACME and Members of the Academy, 2018

Staff support for the Academy, the Steering Committee of the Academy, and the two Workgroups is being provided through Sach's office in Chicago.

The Strategic Affairs Committee (SAC) under the leadership of Barbara Barnes remains very active. Guidance from SAC has been invaluable in supporting activities of the recently reorganized Scholarship Committee, in steering strategic collaborations with other national organizations, and in supporting several major initiatives of SACME. A document on Board Norms, prepared by Barbara Barnes and Moss Blachman under the aegis of SAC, was approved by the SACME Board in December 2017. This document will provide valuable guidance to the SACME Board and remain an enduring resource for the Board.

SACME's leadership on the domestic front has included a sharp focus on important relationships with the AAMC, Alliance for Continuing Education in the Health Professions (ACEHP), Association for Hospital Medical Education (AHME), and Accreditation Council for Continuing Medical Education (ACCME). The Joint Working Group with the AAMC is chaired very effectively by George Mejicano, MD, MS, who represents the AAMC. This group has recently been convened twice, once in person during the Annual AAMC Meeting in November 2017 and then via conference call in January 2018. AAMC appointed an Advisory Committee for the Harrison Survey in Fall 2017. The Committee

is chaired by William (Bill) F. Rayburn, MD, MBA, in his role as AAMC Senior Advisor for CME, and Sach has appointed Moss Blachman and Barbara Barnes to represent SACME on this Committee. A new survey was developed through efforts of this Advisory Committee and has been mailed to CME offices across the country. Results of the Harrison Survey should provide valuable information to SACME and the entire CPD community. Also, the Joint Working Group has recently identified the following potential areas for collaboration between AAMC and SACME.

- Action steps related to themes that emerge from the Harrison Survey
- Work related to transitions and changes in practice that occur throughout the careers of professionals
- Efforts to address the four ACGME competencies that are common to all specialties (Interpersonal and Communication Skills; Professionalism; Practice-based Learning and Improvement; and Systems-based Practice)
- Resiliency and burnout among physicians in practice
- Professional identity formation

The Tri-Group, that includes representatives from SACME, ACEHP, and AHME, has remained very active. It was chaired by ACEHP through December 2017, following which SACME assumed this leadership role for the calendar year 2018. Barbara Barnes has assumed the role of Chair of the Tri-Group for the year. Also, Barbara Barnes, Bill Rayburn, and Sach have been appointed by the SACME Board to serve as SACME representatives to the Tri-Group for the calendar years 2018 and 2019. Joyce Fried will serve as an Ex-Officio Member of the Tri-Group and will provide oversight for the accounts of *Journal of Continuing Education for the Health Professions (JCEHP)* that have now been transferred from Prime Management to Bostrom. Further, Bill Rayburn is leading SACME's effort to plan for the next World Congress in collaboration with representatives from ACEHP and AHME.

Under the leadership of Simon Kitto, PhD, the new Editor-in-Chief of *JCEHP*, an Editorial Board has been appointed and a strategic plan for the journal is being developed. A new Administrative Board for *JCEHP* has been formed and the SACME representative to this Board is Bill Rayburn. Ongoing dialogues with the ACCME continue to strengthen the relationship between ACCME and SACME.

Sach has appointed Sandra Carson, MD, FACOG, as Chair of a new Committee of Representatives of the Specialty Societies. He has also appointed Bruce A. Nitsche, MD, as Chair of a new Committee of Representatives of CME Offices at Academic Institutions. These efforts will address the specific needs of these two important constituencies of SACME. Both Committees will foster greater collaboration among SACME Members and explore new vistas.

On the international front, several concrete steps have been taken to strengthen the relationship between SACME and the Association for Medical Education in Europe (AMEE). SACME remains a member of AMEE, which offers SACME Members several important benefits. Plans for the next Annual Meeting of AMEE in Basel, Switzerland, are underway and several SACME Members are slated to contribute significantly to this meeting. Professor Harden is planning to attend the upcoming Annual SACME Meeting. Also, ongoing dialogues should strengthen the relationship between Global Alliance for Medical Education and SACME. In addition, efforts are underway to define new opportunities for collaboration with other international organizations, especially in the Middle East and Latin America.

The Program of the 2018 Annual SACME Meeting is one-of-a-kind! It includes Keynote Addresses and Panel Presentations that will be delivered by preeminent, internationally-renowned leaders from the fields of CPD and other related fields. Also, presentations of cutting-edge scholarship; posters on major advances in the field; and workshops on timely topics will provide attendees myriad educational opportunities. Time has been built into the Program to encourage networking and foster collaboration. I had highlighted the names of several invited speakers and had listed titles of their presentations in my previous report of October 2017. Additional information relating to the 2018 Annual Meeting appears in another article in the current issue of INTERCOM. Annette Donawa, PhD, has done a spectacular job in leading the Program Committee, and SACME owes an immense debt of gratitude to Annette Donawa and the Program Committee for their outstanding work.

The Scholarship Committee under the superb leadership of Betsy Williams, PhD, MPH, and Mary G. Turco, EdD, FSACME, has been very active. Three Subcommittees, including the State of the Discipline Subcommittee, Capacity Building Subcommittee, and Conduct of Research Subcommittee have been constituted and have begun their work. The Virtual Journal Club, led very effectively by Mila Kostic, CHCP, FACEHP, has been

brought under the purview of the Scholarship Committee. For the past eight months, regular dialogues have been held among John Parboosingh, MB, FRCSC, Mila Kostic, Betsy Williams, and Sach to create a Communities of Practice Program. The effort culminated in a webinar on this topic in January 2018. The webinar was led by John Parboosingh and Mila Kostic and was very well received. The Communities of Practice Program will also be brought under the Scholarship Committee. In addition, the Academy of SACME Fellows will provide guidance as the Communities of Practice Program matures further. The Scholarship Committee received over 90 submissions for the 2018 Annual Meeting and steps have been taken to accommodate the large number of presentations and posters that were accepted for the Meeting. The leadership of Betsy Williams and Mary Turco has been critical in attracting these excellent submissions, and in diligently reviewing and selecting specific presentations and posters. Further, the CPD Book remains a landmark scholarly contribution of SACME. Efforts continue to be made to promote this seminal contribution, both nationally and internationally.

The Communications Committee under the excellent leadership of Stacey Samuels, MA, has continued to address several major projects. The Communications Committee is currently being restructured to enhance effectiveness and to harness the opportunities ahead. Sharrie Cranford, LMSW, will continue to be responsible for INTERCOM, as she has done so effectively in the past. Also, Leslie Doering, Tymothi (Tym) Peters, and Bill Rayburn will provide special support for *Pulse Points* and *CE News*. The Communications Committee has developed a multi-dimensional marketing plan in collaboration with Jeanne Sheehy, MBA, from Bostrom, and is working on enhancing the SACME Website in concert with the Bostrom team.

The Membership Committee under the able leadership of Linda Caples, MBA, continues to process new member applications in a timely fashion and is currently targeting a variety of different organizations to identify potential new members. In addition, a recent effort involves reaching out to authors who have recently published articles in *JCEHP*, to encourage them to join SACME given their focus on scholarship in CPD. A letter from Linda Caples and Sach will be sent to these individuals very soon.

The finances of SACME remain strong under the outstanding leadership of Joyce Fried as Treasurer. The Annual Audit of SACME's finances was successfully completed in Fall 2017, and I am delighted to report

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that the opinion of the auditor reflected that the financial statements were presented fairly and in accordance with GAAP. The Audit Report was unanimously approved by the SACME Board in December 2017. Also, the Annual Tax Form 990 was prepared by the accountant, reviewed by Joyce Fried, the SACME Board, and John Dee, CPA, from Bostrom. The Tax Form 990 was filed with the Internal Revenue Service in February 2018. The transfer of SACME's accounts from Prime Management to Bostrom has been completed successfully and financial reports are now shared monthly with the SACME Treasurer. The Finance Committee is currently working on developing a Travel Reimbursement Policy as well as a Strategic Investment Plan. When complete, these will be presented to the SACME Board for approval, and should serve SACME well.

In Fall 2017 Tym Peters, in his role as SACME Secretary, led the effort to encourage SACME Members to cast their votes in favor of or against the proposed new Bylaws. This effort resulted in the requisite vote threshold being reached, and the Bylaws were approved. Tym Peters is currently engaged in revising the SACME Handbook to conform with the new Bylaws. In addition, Tym Peters has worked closely with the Bostrom team to select a new Registered Agent for SACME in the State of Alabama, which was necessitated by the termination of SACME's engagement with Prime Management.

The Nominations Committee, under the leadership of Mary Turco, has worked diligently to identify individuals to fill various leadership positions and voting for these positions will be conducted in accordance with SACME Bylaws.

Considerable efforts have been made during the last several months to strengthen the infrastructure and support systems within SACME, to address current needs effectively and to pursue new directions. Following several discussions with the Bostrom leadership, a new Executive Director for SACME was appointed in December 2017. Katie Keel, MPA, has assumed this position and has done a superb job in the short time she has been with SACME. She is ably assisted by Kristin Dube. John Dee has provided outstanding leadership in supporting SACME's strategic directions, especially in regard to financial affairs. Also, Jeanne Sheehy has been very helpful in supporting the marketing efforts of SACME.

I would also like to extend my profound gratitude to Linda K. Lupi, MBA, whose expertise, diligence, and efforts have been invaluable in advancing various programs and projects. She has played a pivotal role in supporting myriad activities associated with my roles as SACME

President and lead for the Academy of SACME Fellows. Linda Lupi has been assisted by Priscilla Ludlow, who has provided excellent administrative support for the activities of the Academy. This is my last formal report in INTERCOM in my role of SACME President. I have appreciated this honor and privilege immensely and look forward to seeing most of you at the upcoming Annual Meeting in San Antonio. Meanwhile, if you have any questions or suggestions, please do not hesitate to contact me at asachdeva@facs.org, or (312) 202-5405.

ABMS VISITING SCHOLARS PROGRAM ACCEPTING APPLICATIONS

The ABMS [Research and Education Foundation](#) is now accepting [applications](#) for the 2018-2019 [Visiting Scholars Program](#).

The one-year, part-time program provides early career physicians and other people with relevant advanced degrees exposure to the fields of:

- Physician assessment and continuing professional development.
- Quality improvement.
- Regulatory policy, assessment, and the performance improvement work of ABMS and its Member Boards.
- Health services research and scholarships in areas that improve patient care, quality, and physician performance.

In collaboration with mentors from their institution and liaisons from ABMS and its Member Boards, the scholars conduct research that is relevant to Board Certification and Maintenance of Certification/continuing certification. Through research and program engagement, scholars help inform the fields of professional development, physician self-regulation, and quality improvement. While scholars participate in the program remotely, they are asked to attend three in-person meetings during the year. Once the year is over, scholars can continue their ties with the Member Boards community through an alumni network.

The Visiting Scholars Program is open to early career physicians, junior faculty, fellows, residents, and individuals holding a master's or doctorate degree in public health, health services research, and public health policy and administration, or other related disciplines.

Scholars will be selected and awarded \$12,500 to support their research and travel. The application deadline is 5 p.m. CST on May 1, 2018.

ABMS, STATE MEDICAL SOCIETIES, AND SPECIALTY SOCIETIES MEET TO ADDRESS CONCERNS ABOUT MOC

By Ruth Carol, Communications Writer

In early December, the American Board of Medical Specialties (ABMS) met with members of the Council of Medical Specialty Societies (CMSS), the Specialty Society CEO Consortium (S2C2), and state medical societies to discuss the Maintenance of Certification (MOC) programs of its Member Boards. The meetings focused on the critical issues and concerns physicians have about MOC, what the ABMS Member Boards are doing to resolve these concerns, and how these organizations can work together to create a future continuing Board Certification program that is relevant and valuable to all stakeholders, especially Board Certified physicians and the patients they serve.

State medical and specialty societies voiced their members' concerns about the programs' relevance to practice and the time and cost burden associated with them. Physician frustration with MOC programs has led to legislative initiatives in many states that would prevent hospitals from requiring physicians to recertify. The state medical society leaders and their members expressed a desire to have ongoing input in the development of the continuing certification programs, a commitment to action and transparency from the Member Boards community, and improved communication. In addition, they seek more consistency across the Boards' continuing Board Certification programs in order to truly establish best practices that also indicate the programs' impact in improving patient care. All agree on the need to jointly develop solutions for the problems within the House of Medicine.

Specialty societies have worked with the Member Boards to improve MOC programs, but they have expressed similar concerns about the fear of lost livelihood if physicians fail to maintain their certificates. It has been ABMS' policy for decades that Board Certification should never be a requirement for licensure, nor should it be the sole criterion for hospital and insurance privileging.

Many Boards are already responding to these concerns, and the majority are exploring alternatives to the 10-year, high-stakes exam. These options are more convenient, more helpful for learning, and more technologically consistent with how people learn today.

Several are evaluating online longitudinal assessments that provide immediate, focused feedback and guidance to resources for further study. Additionally, other organizations and the Boards, are conducting research into the value and patient/practice impact of continuing certification which will serve to inform and identify best practices and process models. The recently launched [Continuing Board Certification: Vision for the Future](#)

[initiative](#) is another opportunity to immediately engage state medical societies and their members, along with specialty societies and their members, to address these issues and help envision a continuing certification system that is meaningful, contemporary, and relevant.

The three communities are committed to collaborating in order to develop solutions for the continuing certification process, ensuring that it's relevant to physician practice, doesn't cause undue burden, and fulfills the principles of professional self-regulation. Moving forward together, the work from the Vision Initiative, coupled with continued meetings and communication among the groups, will be focused on the issues identified and the development and implementation of appropriate solutions in a timely manner.

As a follow-up to the meetings, ABMS issued a [statement](#) about changes the Boards have made, and will make this year, to deliver more value to physicians participating in the MOC program. In addition to sending the statement to the leaders of CMSS, S2C2, and state medical societies, ABMS posted the statement on its website.

COMMUNICATIONS COMMITTEE SPOTLIGHT

By Stacey Samuels, MA

The communications committee, now fully staffed with ten at-large members and seven ex officio members, has been focused on two major projects since SACME's 2017 Annual Meeting Scottsdale: (1) the production and distribution of a quarterly issue of CE News: *Linking you with the CME/CPD Community*; and (2) a reorganization of information on the SACME website.

CE News provides SACME members and the larger CME/CPD community with a hyperlink to important news and scholarly articles. It is distributed in January, April, July, and October. You can request to be added to the CE News mailing list by writing to info@sacme.org.

After you have checked out some of the newly updated pages on the SACME website, you may want to post news, or jobs. Would you like to promote events or contribute photos for use on the website? Perhaps you have noticed information that should be updated or for which you want to suggest additional changes. Now you can! Simply go to the Membership page (<https://sacme.org/Membership>) and click on the [web-posting request link](#) located just below the Get Involved column header.

UPDATES FROM THE AAMC

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The AAMC welcomes new leadership and develops resources to support medical education. Below are updates that are relevant to our colleagues in continuing medical education and continuing professional development.

New Senior Director of Medical Education Research – Dorothy Andriole, M.D.

AAMC is delighted to announce that Dorothy Andriole, M.D., joined the association on January 8 as the Senior Director of Medical Education Research. She previously served as Associate Professor of Surgery and Assistant Dean for Medical Education at the Washington University School of Medicine in St. Louis. Dr. Andriole has a long-standing educational research interest in medical education outcomes and medical graduate career paths. In this newly created position, Dr. Andriole will be responsible for developing a research agenda focused on educational outcomes across the continuum of medical education. The Medical Education Research unit will work collaboratively with AAMC colleagues and constituents to develop and implement research priorities that advance medical education and innovation. The unit will also establish relationships with key partner organizations to identify opportunities for data sharing and collaborative research.

Opioid Response from Medical Education

In January, the AAMC published an *Analysis in Brief (AIB)*, called “Addressing the Opioid Epidemic: U.S. Medical School Curricular Approaches.” The brief examines the results of a recent national telephone survey of curriculum deans from LCME-accredited U.S. medical schools use to assess their current or anticipated plans for addressing the opioid epidemic. It is intended to inform educators as they actively enhance medical school curricula to respond to this public health crisis. To learn more, visit aamc.org/opioids.

A special call for related resource submissions for *MedEdPORTAL* is currently underway to increase the evidence-based tools for effective teaching. To learn more, visit mededportal.org.

The Harrison Survey: A Collaborative Project by the Association of American Medical Colleges (AAMC) and the Society for Academic Continuing Medical Education (SACME)

The biennial AAMC and SACME Harrison Survey was released on January 17. Leaders in CME/CPD at Academic Medical Centers have until February 28 to complete the survey. It includes questions about the organizational, budgetary, and educational priorities at individual institutions. Special thanks to Advisory Committee members Dr. Barbara Barnes, Dr. Morris Blachman, Dr. Clara Schroedl, Dr. Emily Vinas, and Chair and AAMC consultant Dr. Bill Rayburn. If you have any questions, email CME@aamc.org.

The AAMC Quality Improvement and Patient Safety (QIPS) Collaborative

Over the past decade, education and training in quality improvement and patient safety (QIPS) have increased significantly at the medical school, residency, and practice levels. However, these efforts have not been aligned or coordinated in a developmental fashion across the continuum of medical education from medical school to continuing practice.

Through a longitudinal collaborative effort, we seek to answer:

- *What are the competencies expected of entering residents, entering faculty, and experienced attending physicians/preceptors regardless of specialty?*
- *How can these be used to inform curricular design for UME, GME and CME programs?*
- *How do these competencies build across the continuum?*
- *What are sample educational activities that are developmentally appropriate to teach and/or assess these competencies? What resources are available for medical educators to reinforce these competencies?*

The [AAMC QIPS Collaborative](#) hopes to address these questions and create a shared understanding of the QIPS competencies, or observable abilities related to a specific QIPS activities that integrate knowledge, skills, values and attitudes. The competencies will address the continuum of practice and will be aligned with the ACGME and ABMS six common competencies and will supplement their relevant ACGME harmonized milestones. These measurable competencies will be intended to serve as a roadmap for curricular and formative professional development, performance assessment, and improvement. These are not designed for regulatory purposes, but for formative education and cross-continuum alignment.

Members of a recently convened [working group can be found here](#) and include representation from the LCME, ACGME, ACCME, AACN, the Informed Patient

Institute, the Veterans Administration, and select member medical schools and teaching hospitals. We will also be engaging a broad group of stakeholders to provide feedback and inform the process. If you would like more information or to participate as a collaborator and react to the draft competencies, email QIPS@aamc.org.

Updated AAMC Faculty Salary Report Available

The updated AAMC Faculty Salary Report is now available. Revised for 2018 with data from our 2017 survey of U.S. medical schools, this report includes 33 tables displaying total compensation statistics for more than 110,000 full-time faculty across six ranks and 92 departments/specialties at 145 medical schools. Data is broken out by region as well as public and private medical schools. The report is available as an online or printed edition. To access the report, [click here](#).

2018 ANNUAL CONFERENCE

April 25 - 28, 2018

By Annette Mallory Donawa, Ph.D
Chair, SACME Program Committee
Assistant Dean, Johns Hopkins University,
Office of CME

Attend SACME's 2018 Annual Conference at the San Antonio Marriott Riverwalk in San Antonio, Texas! This year's theme—**CME/CPD: Building Bridges from Learning to Outcomes**—supports SACME's commitment and dedication to Innovation, Leadership, and Excellence in CME/CPD. Conference highlights include keynote speakers and presidential panelists: Dr. K. Anders Ericsson, Florida State University; Dr. Jeffrey P. Gold, University of Nebraska; Dr. Patrick C. Alguire, American College of Physicians; Dr. J. Lawrence Marsh, University of Iowa; and Dr. Mindi K. McKenna, American Academy of Family Physicians.

Our conference discussions include a variety of topics appealing to any CME/CPD professional. We have expanded our leadership workshop to focus on intimate ongoing engagement among experienced CME/CPD professionals looking to grow their careers. In addition, we've planned special discussions examining paths to leadership for women in academia, and continuing the dialogue on the education continuum.

Hear from presidents of specialty boards who will tackle Maintenance of Certification (MOC) Part IV – the pros and cons. If you're interested in learning more about

CME/CPD: Building Bridges from Learning to Outcomes



quality improvement (QI), we have added a QI special interest group meeting to this year's conference, in addition to a few QI workshops. Saturday's panelists will address physician engagement in performance-based CPD.

SACME builds connectivity to global education and learners. The panel discussion on global military operations will link us to military operations that support extensive health care systems. Learn how the military engages its global physicians and medical educators to embed continuous learning throughout their networks.

Researchers, both domestic and international, will share cutting-edge research from their communities of practice in CME/CPD. Pre-conference workshops focusing on the fundamentals of research and scholarship will take place on Tuesday, April 24.

Reserve your space soon, as The San Antonio Fiesta will take place on April 19-29. To learn more about SACME's 2018 Annual Conference, see below:

Contact SACME at
phone: (312) 224-2522 | email: info@sacme.org |
web: www.sacme.org

UPDATES FROM THE ACCME

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

In 2018, we look forward to continuing our work together, as we fulfill our shared aspiration to enhance education, drive improvements in clinician and team performance, and—most importantly—to optimize care for the patients we all serve. I am delighted to share with you a few of our recent initiatives aimed at achieving these goals. From publishing a new report on promoting research in interprofessional continuing education (IPCE) with our colleague accreditors in nursing and pharmacy to offering recommendations for how CME providers can support government quality goals, we are striving to support our community of educators, and drive value and meaning for learners.

I hope you will read on and visit our website, www.accme.org, for more information about each of the initiatives discussed below. As always, please do not hesitate to reach out and let us know how we can help you continue to provide quality CME that makes a difference in the lives of clinicians and patients.

AMA/ACCME Alignment: Providers Can Now Enter Activities as “Other” in PARS

As part of our collaborative effort with the American Medical Association (AMA) to simplify and align expectations, we have modified The Program and Activity Reporting System (PARS). Providers are now able to choose “other” as an activity format for blended, new, or other approaches that do not fall into one of the established format categories.

We are using the label “other” because we do not want to imply any restrictions on this category and to encourage providers to develop creative blended educational approaches that abide by AMA and ACCME requirements. As providers design and describe innovative approaches to education, we expect to identify a descriptor that better represents the evolution of CME and to share these evolved approaches with the CME community.

For more information about the AMA/ACCME alignment and links to resources, including FAQ, the AMA PRA booklet, and a shared glossary, please visit the AMA/ACCME Alignment webpage (<http://www.accme.org/cme-providers/ama-accme-alignment>).

Accredited CME Providers Can Now Help Clinicians Earn Performance Incentives from CMS

In its final rule, the Centers for Medicare & Medicaid Services (CMS) added accredited CME as an improvement activity in the changes for the Quality Payment Program (QPP). The changes took effect on January 1, 2018, the second year of the QPP, as part of the Medicare Access and Chip Reauthorization Act of 2015 (MACRA).



This rule now gives accredited providers in the ACCME System the opportunity to help clinicians meet CMS expectations, which can prevent financial penalties and offer financial incentives to clinicians who engage in quality and performance improvement activities. The elements of the new rule, which reflect recommendations from the ACCME and others, provide flexibility and freedom for educators to engage with clinicians in improvement activities that are meaningful for those learners. The rule outlines a process that can be used across specialties and practice types, can apply to a broad range of content areas, and utilize a range of outcome measures.

The inclusion of accredited CME in MIPS offers an opportunity for providers to demonstrate the value of CME in promoting clinician engagement in efforts to improve performance, quality, and safety. Accredited CME providers can support their clinician learners in several ways: you can help clinicians understand how to identify improvement activities, facilitate those activities, and then assist clinicians in attesting to their participation; and you can plan and present CME activities that will count as improvement activities.

For suggestions about how accredited CME providers can take advantage of these opportunities, please see our article “Accredited CME Providers Can Now Help Clinicians Earn Performance Incentives from CMS,” available on our website.

New Report Promotes Research in Interprofessional Continuing Education

A new report, *Promoting Research across the Continuum of Health Professions Education: Making Patient Care Better*, explores recommendations for advancing research on the effectiveness of IPCE in improving health care team performance and patient care. The report summarizes the 2017 Joint Accreditation for Interprofessional Continuing Education Leadership Summit, which brought together continuing education (CE) leaders from 30 institutions across the country. Participants shared strategies, best practices, and case studies for conducting and disseminating research that shows how IPCE programs contribute to measurable improvements in team care and patient outcomes.

For the full report, visit <http://www.jointaccreditation.org/media-outreach>.

Tips and Data Submission Reminders for CME that Counts for MOC

I am pleased to report that our CME finder search tool (www.cmefinder.org) now includes more than 5,700 currently available CME activities that count for the Maintenance of Certification (MOC) programs of the American Board of Anesthesiology (ABA), American Board of Internal Medicine (ABIM), and American Board of Pediatrics (ABP).

Whether you have already developed CME activities that count for MOC or you're just beginning to explore the opportunities, consider joining one of our bimonthly "CME for MOC: Ask Your Questions" webinars, where you can talk with ACCME staff about any questions you may have. In response to provider requests, we are now offering webinars for providers beginning to plan CME for MOC and providers with more experience. Visit our website to find out the dates for the next "CME for MOC: Ask Your Questions" webinars.

Please visit our CME in Support of MOC webpage for information and additional resources (<http://www.accme.org/cme-providers/cme-in-support-moc>). We frequently post new materials to support providers.

Space Still Available for the ACCME 2018 Meeting Building an Educational Home Together



Join us April 16-19, 2018, in Chicago as we seek—together—to elevate the impact of accredited CME to transform practice

and care. Using collaboration, interactive sessions, and multi-format discussions, the ACCME 2018 Meeting will provide numerous opportunities to engage with ACCME staff, expert faculty, and colleagues as you develop strategies to propel your CME Program forward.

New to our 2018 meeting is the Leadership Track, a one-day workshop for accredited providers' executive leadership. We have designed the first full day of the conference as an opportunity for you and your leadership to learn together about the full potential for accredited CME to address mission-focused priorities for your health care organization. Invite your leadership to join you as you roll up your sleeves—together—to create an education plan for the year ahead through multi-format sessions. One day rates are available to qualifying registrants.

Another new opportunity this year is the Public Health Summit: Collaborating to Address the Opioid Crisis, a focused, two-hour, multidisciplinary seminar for educators looking to improve the impact of their education to address the opioid crisis. This Public Health Fair is your opportunity to engage with public health experts about crosscutting health imperatives that have significant impact for the communities that your CME program serves. There is no special registration for the Public Health Fair; it is included in your registration and available to all attendees of the ACCME 2018 Meeting.

For more information, visit www.accme2018.org.

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Do You GET OUT MUCH?

INSIGHTS FROM OUTSIDE

By Ginny Jacobs, MEd, MLS, CHCP

How many of us have that stack of reading (in electronic or print format) waiting for attention on our desk or laptop? Does that reading list grow and occasionally gather dust?

Even if we do our best to keep up with what is happening in the complex world of healthcare and, specifically the field of healthcare education, the daily demands of our roles can often prove to be all-consuming. We may do our best to navigate the jungle-like conditions found in today's healthcare landscape, but who has time to study other disciplines or read non-CPD related materials? Doesn't that cause us to wander and take us off our true path? I have enough trouble simply keeping up with articles and readings core to my field.

Does that scenario sound familiar?

In considering how to tackle that growing pile of reading materials, I invite us to adopt the following line of thinking as it seems now, more than ever, we need to branch out. I contend that some of the greatest insights we can identify are found by exploring other disciplines and professions and translating them to our setting. That approach can help us broaden our perspective, examine options, seek clarity, and potentially speed our progress towards achieving our own strategic goals. Admittedly, the connections may not initially be obvious, but with a creative mind and critical thinking lens, the potential influence can be revealed. After all, isn't that what interprofessional education advocates? Looking at the care we provide to patients through a broad, collective lens of all individuals who contribute to patient health and well-being.

"Experience is a master teacher, even when it is not our own." - Gina Greenlee

Often when hearing a new piece of information or discovering a novel insight that had previously escaped me, I am heard to say, "You will have to excuse me....I don't get out much". That response is designed to help explain my gap in knowledge. Not a good excuse, mind you! In fact, over time, I am becoming more aware of the importance of "getting out more", both literally and figuratively. I am convinced I must find ways to routinely branch out of my comfort zone (my silo of 'knowing'), expand my view of the world, and venture out to study lessons learned by other professions and industries – all with a watchful eye toward examining the insights and discoveries revealed by those groups.

Just think of the principles of high-reliability organizations the field of healthcare has adopted from aeronautics (and other high-stakes industries) resulting in a focus on a safety culture, root cause analysis, and development of checklists. Physics brings us the 'law of the levers and pulleys' which can help explain where to strategically place our focused efforts to make change within an organization. Archimedes invented the science of mechanics and the complexities it introduced continue to evolve – one facet falls under a discipline known as 'systems thinking'. Psychology plays into our understanding of learner motivation and how to effectively manage change. The Plan-Do-Study-Act (PDSA) model we routinely apply in healthcare quality improvement initiatives, was first introduced in manufacturing settings.

I should note, we do not need to travel far to gain lessons from others. Just think...What can we learn from our colleagues across the continuum? (admissions, undergraduate medical education, graduate medical education) Across the healthcare system? (e.g. Agency for Healthcare Research and Quality, The Joint Commission, the Accreditation Councils, the specialty Boards) In other industries?

Of course, not all articles or stories point to immediate or formulaic success. Rarely do these tales offer a one-size-fits-all, cookie-cutter approach for how to succeed in your business without even trying. Many descriptions require some translation and/or imagination to find a connection to our world of healthcare education. Some make for interesting reading, although they have not yet landed on the page that ends with "...and they all lived happily ever after".

What these readings do is expand our lens and introduce a different way of thinking. Perhaps, they offer a list of ingredients, tools or strategies to apply. Or, they may espouse advice related to those perils or pitfalls we should avoid. If we approach these stories with an open-mind, the elements that appear to wander may actually hold the most powerful lessons. If nothing else, they can serve to instill in us a sense of adventure, a curiosity, and perhaps an invitation to experiment...to try new things, and to be willing (dare I say?) to risk failure as part of our discovery process.

Along those lines, I believe we should consider sharing more about our own failed attempts to drive and sustain

change. Do you think we could accelerate our progress as a profession by more freely sharing those stories with each other? Just think of how we could help each other by describing strategies to identify or avoid some of the common pitfalls. That learning is often more of a byproduct of our conferences and gatherings. The majority of presentations at conferences highlight success realized at the end of the story. Very often the scenarios are neatly packaged and make only brief reference to the barriers and/or challenges faced. Just imagine how much more valuable those lessons would be if we emphasized the manner in which we developed effective strategies for overcoming challenges along the way.

“Every adversity, every failure, every heartbreak, carries with it the seed of an equal or greater benefit.”

- Napoleon Hill

There is something I find very invigorating about a college campus, especially in the fall as a new batch of recruits navigate their way through class schedules in pursuit of novel adventures in learning. They are in search of new knowledge and insights. In the health professions, white coats and scrubs mark the incoming students' entry into their new professions. These students worked hard to gain admittance into their programs and they possess a notable combination of excitement and nervousness. **Do you remember the last time you felt that way about your own learning journey?**

In the spirit of “getting out more”, I have ventured across campus to pursue further studies through the College of Education and Human Development. That journey across campus (appropriately) requires that I weave past numerous building which contain various specialty studies...psychology, communications, engineering, architecture, and more. I imagine the pearls of knowledge that emerge from each of these disciplines. I look forward to continuing to find ways to apply their lessons learned to guide us in achieving our goals to ensure CME/CPD is truly positioned and utilized as a strategic asset within healthcare organizations. We as educators can learn so much from other disciplines and professions. With that in mind, I am committed to getting out more to ensure I broaden my focus and alter my path (as needed) so I will be able to incorporate ideas and critical thinking from a wider circle of expertise.

Continuing professional development finds itself navigating the rough terrain of today's healthcare landscape to find ways to add value to the field. Remember our ultimate goal is to improve the quality of patient care and the health of our population. Many others share that goal.

SACME's mission is to promote the highest value in patient care and health of the public through the scholarship of continuing medical and interprofessional education.

Our guiding principles call for us to “collaborate to solve complex challenges facing leaders, clinicians, educators, and researchers in the field of continuing education.” It seems clear, that collaboration must extend beyond our traditional boundaries.

The invitation has been sent for all of us to get out more. That message and movement is well underway and will likely hold the key to our future success as a true learning community. The need to improve the quality of care provided within our communities and address population health calls for us to consistently align education as a strategic lever. That is a tall order and one we can only fill if we are committed to gaining insights from outside the box.

ABMS LAUNCHES IMPROVED DIRECTORY

By Ruth Carol, Communications Writer

The [ABMS Continuing Certification Directory](#)™ — the new and improved version of the MOC Directory — launched in January. It was developed to help diplomates find quality continuing medical education (CME) activities approved for MOC by one or more Member Boards.

The Directory's updated search and navigation capabilities improve the user experience for diplomates. It also offers CME providers access to additional continuing certification information and resources.

During the past two years, the Directory has increased its inventory and now indexes 600-plus activities from more than 60 CME providers nationwide. Activities in this online repository reflect the latest best practices, evidence-based guidelines, and educational initiatives designed to support the development of high functioning physicians. Indexed MOC activities award credit from one or more of the following CME credit systems: AMA PRA Category 1 Credit, AAFP Prescribed Credit, ACOG Cognates, and/or AOA Category 1A. The [process](#) for CME providers to submit accredited CME activities for review by the participating Member Boards is quick and easy. For more information about the Directory, contact Susie Flynn, ABMS Director, Academic Services, at (312) 436-2563 or sflynn@abms.org.

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