

C M E / C P D
BUILDING
BRIDGES
FROM **LEARNING**
TO **OUTCOMES**



SACME Annual Meeting | April 25-28, 2018

This activity has been approved for AMA PRA Category 1 Credit™



CME/CPD: Building Bridges from Learning to Outcomes



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This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of The University of Texas Health Science Center at San Antonio Joe R. & Teresa Lozano Long School of Medicine and the Society for Academic Continuing Medical Education. The Joe R. & Teresa Lozano Long San Antonio School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Long School of Medicine designates this live activity for a maximum of 23.25 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

WELCOME MESSAGE FROM THE PRESIDENT

Dear Colleagues,

I would like to cordially welcome you to the 2018 Annual Meeting of the Society for Academic CME (SACME). The Program of this meeting is spectacular and the sessions focus on the latest advances in the rapidly evolving field of Continuing Professional Development. The Meeting Program includes many new features. Preeminent national and international leaders from a variety of different backgrounds have been invited to deliver formal presentations and participate in open discussions.



The Barbara Barnes Keynote Address will be delivered by Dr. Jeffrey P. Gold, Chancellor, University of Nebraska Medical Center, and the Opening Keynote Address will be delivered by Dr. K. Anders Ericsson, Professor, Conradi Eminent Scholar, Department of Psychology, Florida State University. The Presidential Panel will focus on developing and maintaining lifelong expertise in various medical and surgical specialties, and will include Dr. Patrick C. Alguire, Editor-in-Chief, Medical Knowledge Self-Assessment Program (MKSAP), American College of Physicians; Dr. J. Lawrence Marsh, Chair and Department Executive Officer, Carroll B. Larson Chair, Professor of Orthopaedics and Rehabilitation, Director of Orthopaedic Residency Program, University of Iowa Carver College of Medicine; Dr. Mindi K. McKenna, CME Division Director, American Academy of Family Physicians; and Dr. Randolph H. Steadman, Professor and Vice Chair, Department of Anesthesiology, Chief, Anesthesia for Liver Transplantation, David Geffen School of Medicine at UCLA, Director, UCLA Simulation Center, UCLA Department of Anesthesiology. Dr. Craig Campbell, Director, Continuing Professional Development, Royal College of Physicians and Surgeons of Canada, will deliver a Special Presentation on the Top 5 Advances in CME/CPD: 2018 Update.

A Special Panel on Connecting CPD/CME with Global Military Operations, moderated by Dr. Barbara Barnes, will share insights into the military's infrastructure to support medical education globally. Dr. Graham McMahon, President and Chief Executive Officer, Accreditation Council for Continuing Medical Education (ACCME), will present an update from the ACCME. In addition, the American Board of Medical Specialties (ABMS) Board Presidents' Debate on MOC Part IV will explore commonalities and differences from each Board. The Abstract-driven scientific presentations will highlight cutting-edge scholarship in the field of CME/CPD, and a Workshop on Leadership will be conducted by Drs. Morris Blachman and Barbara Barnes.

I would like to express my sincere gratitude to Annette Mallory Donawa, PhD, Chair of the Program Committee, Members of the Program Committee, and numerous SACME leaders, including members of the SACME Board of Directors, who have worked tirelessly to make this a truly remarkable meeting. I would like to also acknowledge the leaders of the Scholarship Committee, Drs. Betsy White Williams and Mary Turco, whose dedication helped to attract large numbers of very high-quality Abstracts for presentation at the meeting. The exceptional efforts of Ms. Katie Keel, SACME's Executive Director, deserve special recognition. Also, Ms. Linda Lupi needs to be recognized for her major contributions.

The Annual SACME Meeting will again emphasize collaboration and camaraderie. We encourage you to take full advantage of this stellar educational and networking opportunity. I look forward to our time together in San Antonio!

Ajit K. Sachdeva, MD, FRCSC, FACS
President
Society for Academic CME

Director, Division of Education
American College of Surgeons

Adjunct Professor of Surgery
Feinberg School of Medicine, Northwestern University

WELCOME MESSAGE FROM THE CHAIR, PROGRAM COMMITTEE



Welcome to SACME's 2018 Annual Conference: **CME/CPD: Building Bridges from Learning to Outcomes**. On behalf of the Program Committee, I am thrilled you are attending our 2018 annual conference. You will hear from notable keynote speakers and engage in content-driven discussions with panelists from SACME's leadership, Deans from academic medical institutions, Presidents of specialty boards, and leaders from the military.

The three pillars of our conference theme: Innovation, Leadership, and Excellence will help build the bridge and connect CME/CPD to learning outcomes. Many of the keynote speakers will address these themes during their presentations. An underlying theme I believe is strengthening collaborations and seeking new collaborative partnerships beyond CME/CPD. In addition to

national keynote speakers, we will hear from presidents of specialty boards as they share collaborative opportunities with us pertaining to maintenance of certification. We will hear from deans of academic medical centers and learn how global military operations manage medical education for their workforce.

Our abstract submissions continue to increase with over 90 research abstracts submitted for this conference. A special thanks to the reviewers who contributed their time to review abstracts. We are fortunate to have such a strong commitment to scholarly research within the SACME community as many of you expressed an interest in continuing with the Fundamentals of Medical Education Scholarship (FuMES) pre-conference workshops.

If you are new to SACME, please consider joining one of the open committee meetings, such as Scholarship, Communications, Membership, and Program Committees. Please be sure to visit the poster sessions and exhibit area as you network and connect with colleagues.

We truly appreciate you attending the SACME conference this year, as we understand there were other conferences you could have chosen to attend. Our conference attendees include more than 200 registrants consisting of physicians, medical education professionals, researchers, and others who are interested in strengthening their CME/CPD knowledge base.

Finally, I would like to thank the Program Committee members for helping to design a meaningful, content-driven annual conference. It has been my pleasure to serve as the Chair of the Program Committee for three years, and I look forward to working with the new Program Chair, Letitia Bresnahan as we create another stellar program for the 2019 Annual Conference in Charleston, SC.

Annette Mallory Donawa, PhD
Chair of Program Committee
Society for Academic CME
Assistant Dean, Office of Continuing Medical Education
Johns Hopkins University School of Medicine

SACME BOARD OF DIRECTORS

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Consultant:

Morris J. Blachman, PhD, FACEHP

SACME Executive Director:

Katie Keel, MPA

SACME PAST PRESIDENTS

2015: Mary Turco, EdD, Geisel School of Medicine at Dartmouth

2014: Ginny Jacobs, M.Ed., MLS, CHCP, University of Minnesota Medical School

2013: Deborah Samuel, MBA, American Academy of Pediatrics

2012: Pam McFadden, University of North Texas Health Science Center

2012: Gordon West, PhD, Annenberg Center for Health Sciences at Eisenhower

2011: Gabrielle Kane, MB,EdD, FRCPC, University of Washington School of Medicine

2010: Todd Dorman, MD, Johns Hopkins University School of Medicine

2009: Lois Colburn, University of Nebraska Medical Center

2008: Melinda Steele, MEd; Texas Tech University Health Sciences Center

2007: Jocelyn Lockyer, PhD; University of Calgary

2006: Michael Fordis, MD; Baylor College of Medicine

2005: Martyn O. Hotvedt, PhD

2004: Craig M. Campbell, MD; Royal College of Physicians and Surgeons of Canada/ Le Collège royale des médecins et chirurgiens du Canada

2003: Nancy Davis, PhD; American Academy of Family Physicians

2002: John R. Kues, PhD; University of Cincinnati

2001: Barbara E. Barnes, MD; University of Pittsburgh

2000: Paul J. Lambiase; University of Rochester

1999: John T. Parboosingh, MB, FRCSC, FSACME; University of Ottawa

1998: Meryl H. Haber, MD; Rush Presbyterian, St. Lukes Medical Center

1997: David Davis, MD; University of Toronto

1996: William E. Easterling, Jr., MD; University of North Carolina, Chapel Hill

1995: Gloria Allington, MEd; University of Miami

1994: George Smith, MD; University of Alabama

1993: R. Van Harrison, PhD; University of Michigan

1992: Martin P. Kantrowitz, MD; University of New Mexico

1991: Jack L. Mason, PhD; University of Maryland

1990: James C. Leist, EdD; Bowman Gray School of Medicine

1989: Robert J. Cullen, PhD; Case Western Reserve University

1988: D. Dale Dauphinee, MD; McGill University

1987: Dennis K. Wentz, MD; Vanderbilt University

1986: Harold A. Paul, MD; Rush Medical College

1985: Julian S. Reinschmidt, MD; Oregon Health Sciences University

1984: Oscar A. Thorup, MD; University of Virginia

1983: Gerald H. Escovitz, MD; Medical College of Pennsylvania

1982: George J. Race, MD; University of Texas, Dallas

1981: Richard M. Caplan, MD; University of Iowa

1980: Malcolm Watts, MD; University of California, San Francisco

1979: Gail Bank, PhD; Wayne State University

1978: Robert C. Combs, MD; University of California, Irvine

1977: Phil R. Manning, MD; University of Southern California

1976: Phil R. Manning, MD; University of Southern California

SCHEDULE OF EVENTS

TUESDAY, APRIL 24, 2018

11:00 am	Registration OpenBALLROOM LEVEL, 2ND FLOOR
1:00 – 6:00 pm	Exhibitor Set-upALAMO FOYER Poster Set-upSALON D
1:00 – 3:00 pm	SACME Skill Building Pre-Conference Sessions
1:00 – 3:00 pm	Fundamentals of Medical Education Scholarship #1SALON F Mission Possible: Scholarship in Everyday Practice Savithiri Ratnapalan, MBBS, MRCP, FAAP, FRCPC , Associate Professor, The University of Toronto, Hospital For Sick Children
1:00 – 2:00 pm	Fundamentals of Medical Education Scholarship #2SALON E How to Present a Poster Mary G. Turco, EdD, FSACME , Clinical Associate Professor of Medicine, The Geisel School of Medicine at Dartmouth Betsy White Williams, PhD, MPH , Clinical Program Director, Professional Renewal Center; Clinical Associate Professor, Department of Psychiatry School of Medicine, University of Kansas
2:00 – 3:00 pm	Fundamentals of Medical Education Scholarship #3SALON E How to Write an Abstract Mary G. Turco, EdD, FSACME and Betsy White Williams, PhD, MPH
2:00 – 3:00 pm	Regional Representatives Meeting (Closed)VALERO
3:15 – 4:45 pm	Fundamentals of Medical Education Scholarship #4SALON E Everyone Wins: Group Peer Review to Benefit Authors, Reviewers and Health Professions Education Journals Alisa Nagler, JD, MA, EdD , Assistant Director, American College of Surgeons; Adjunct Associate Professor, Duke University School of Medicine Shari A. Whicker, EdD, Med , Director, Office of Continuing Professional Development, Assistant Professor, Virginia Tech Carilion School of Medicine
	Fundamentals of Medical Education Scholarship #5SALON F Logic Model Workshop: How to Design an Activity to Achieve Desired Outcomes Charles Willis , Director of Continuing Education at the Annenberg Center for Health Sciences at Eisenhower
4:30 – 6:30 pm	Board of Directors Meeting and Dinner (Closed)BOWIE
6:40 – 7:30 pm	Scholarship Committee Meeting (Closed)VALERO
6:40 – 7:30 pm	Communications Committee Meeting (Open)TRAVIS

WEDNESDAY, APRIL 25, 2018

7:00 am	Registration OpenBALLROOM LEVEL, 2ND FLOOR
7:00 – 7:55 am	Breakfast, Visit ExhibitsALAMO FOYER View PostersSALON D
7:00 – 8:00 am	Finance Committee Meeting (Closed)VALERO
8:00 – 12:00 pm	SACME General Programming SALON ABC
8:00 – 8:15 am	Welcoming Remarks by SACME President Ajit K. Sachdeva, MD, FRCSC, FACS , President, Society for Academic CME, Director, Division of Education, American College of Surgeons, Adjunct Professor of Surgery, Feinberg School of Medicine, Northwestern University
8:15 – 8:30 am	Program Overview by SACME Program Chair Annette Mallory Donawa, PhD , Assistant Dean, Continuing Medical Education, Johns Hopkins University School of Medicine
8:30 – 9:30 am	Keynote Address: Purposeful and Deliberate Practice: Implications for Effective Training and Sustained Life-Long Improvements of Performance MODERATOR: Ajit K. Sachdeva, MD, FRCSC, FACS K. Anders Ericsson, PhD , Professor, Conradi Eminent Scholar, Department of Psychology, Florida State University
9:30 – 9:45 am	Visit ExhibitsALAMO FOYER View PostersSALON D
9:50 – 11:30 am	Presidential PanelSALON ABC Developing and Maintaining Lifelong Expertise Across Medical and Surgical Specialties MODERATOR: Ajit K. Sachdeva, MD, FRCSC, FACS PANELISTS: Patrick C. Alguire, MD, FACP , Editor-in-Chief, Medical Knowledge Self-Assessment Program (MKSAP), American College of Physicians J. Lawrence Marsh, MD , Chair and Department Executive Officer, Carroll B. Larson Chair, Professor of Orthopaedics and Rehabilitation, Director of Orthopaedic Residency Program, University of Iowa Carver College of Medicine Mindi K. McKenna, PhD, MBA , CME Division Director, American Academy of Family Physicians Randolph H. Steadman, MD, MS , Professor and Vice Chair, Department of Anesthesiology, Chief, Anesthesia for Liver Transplantation, David Geffen School of Medicine at UCLA, Director, UCLA Simulation Center, UCLA Department of Anesthesiology
11:30 am – 12:30 pm	LunchALAMO FOYER / SALON ABC Key Stakeholder Luncheon (Closed)BOWIE Visit ExhibitsALAMO FOYER View PostersSALON D
12:35 – 1:10 pm	Supporting Paths to Leadership for Women in AcademiaSALON ABC Constance LeBlanc, FCFP, CCFP(EM), MAEd, CCPE , Associate Dean, CPD, Professor Department of Emergency Medicine, Dalhousie University and Mary G. Turco, EdD, FSACME

WEDNESDAY CONTINUED

1:15 – 1:55 pm	Concurrent Moderated Poster Presentations – Sessions #1 and #2SALON D
2:00 – 3:50 pm	Scholarship WorkshopSALON ABC Developing Continuing Education and Professional Development Programs to Optimize Practice David Wiljer , Executive Director, Education Technology Innovation at University Health Network
4:00 – 5:00 pm	Concurrent Moderated Poster Presentations – Sessions #3 and #4SALON D
5:05 – 6:30 pm	Academy of Fellows Meeting (Closed)SALON EF
6:30 – 7:45 pm	Reception: All AttendeesRIVER TERRACE ROOM + OAK TREE TERRACE

THURSDAY, APRIL 26, 2018

7:00 am	Registration OpenBALLROOM LEVEL, 2ND FLOOR
7:00 – 7:55 am	Breakfast, Visit ExhibitsALAMO FOYER View PostersSALON D
7:00 – 7:55 am	Strategic Affairs Committee Meeting (Closed)VALERO
8:00 – 12:00 pm	SACME General ProgrammingSALON ABC
8:00 – 8:30 am	SACME Presidential Remarks Ajit K. Sachdeva, MD, FRCSC, FACS William F. Rayburn, MD, MBA , President-Elect, Society for Academic CME, Associate Dean, Continuing Medical Education and Professional Development, Distinguished Professor and Emeritus Chair, Obstetrics and Gynecology, The University of New Mexico
8:30 – 9:15 am	SACME Leaders Forum MODERATOR: Morris J. Blachman, PhD, FACEHP , Associate Dean, Continuous Professional Development & Strategic Affairs and Clinical Professor, Department of Neuropsychiatry and Behavioral Science, University of South Carolina School of Medicine PANELISTS: Ajit K. Sachdeva, MD, FRCSC, FACS William F. Rayburn, MD, MBA Mary G. Turco, EdD, FSACME Barbara Barnes, MD, MS , Associate Vice Chancellor for Industry Relations and Continuing Education, Health Sciences, University of Pittsburgh
9:15 – 9:30 am	Break, Visit ExhibitsALAMO FOYER View PostersSALON D

9:35 – 10:25 am	<p>Bridging CME/CPD Across the Medical Education Continuum.....SALON ABC MODERATOR: Annette Mallory Donawa, PhD</p> <p>PANELISTS: Roy Ziegelstein, MD, MACP, Sarah Miller Coulson and Frank L, Coulson, Jr., Professor of Medicine, Mary Wallace Stanton Professor of Education, Vice Dean for Education, Johns Hopkins University School of Medicine</p> <p>Jan Patterson, MD, MS, CHCP, Professor of Medicine/Infectious Diseases and Pathology, Associate Dean for Quality and Lifelong Learning, Director, Center for Patient Safety and Health Policy, University of Texas Health Science Center at San Antonio</p> <p>Carlyle H. Chan, MD, Professor of Psychiatry and the Institute for Health and Equity (Bioethics and Medical Humanities) Medical College of Wisconsin</p>
10:30 – 11:00 am	<p>ACCME Updates/Q&A Graham McMahon, MD, President and CEO, Accreditation Council for Continuing Medical Education (ACCME)</p>
11:00 am – 12:00 pm	<p>Best Practices Presentations from Accepted Abstracts Session #1 of 5</p> <p>Teaching Patient-provider Shared Decision Making (page 28) Marianna Shershneva, MD, PhD, Senior Director, Educational Development and Research; CPD Evaluation and Assessment Specialist, Forefront Collaborative; University of Wisconsin-Madison</p> <p>Sydney Pate, Educational Projects Manager, Forefront Collaborative</p> <p>Innovations and Enhancements to ABMS Continuing Certification Programs (page 28) Susie Flynn, BS, Director, Academic Services, American Board of Medical Specialties</p> <p>Assessment of a Continuing Medical Education Intervention Designed to Change Physician Practice Regarding Blood Transfusion (page 29) Apostolos Dallas, MD, Assistant Professor, Internal Medicine, Virginia Tech Carilion School of Medicine; Associate Program Director, Internal Medicine, University of Virginia, Roanoke/Salem Program; Director of Continuing Medical Education, Carilion Clinic; Director, Residency Recruitment/Selection Process, Carilion Clinic; Assistant Professor of Clinical Medicine, University of Virginia, Roanoke/Salem Program; Clinical Medicine Attending, Outpatient Department, Carilion Clinic</p> <p>Shari Whicker EdD, MEd, Director, Office of Continuing Professional Development, Assistant Professor, Departments of Pediatrics and Interprofessionalism Director, TEACH (Teaching Excellence Academy for Collaborative Healthcare)</p> <p>The New CME – Lean in for Better Education and Patient Outcomes (page 29) Carina Manteuffel</p> <p>The Learning Is in the Doing: An Evolution of Instructor Training from Lecture to Practice (page 30) Rachel Poulin, MPH, Manager, Neonatal Resuscitation Program American Academy of Pediatrics</p>
12:00 – 12:50 pm	<p>Lunch: Meet Your Regional SACME Representatives.....SALON ABC Visit Exhibits.....ALAMO FOYER View Posters.....SALON D Virtual Journal Club (VJC) Editorial Board Meeting (Closed).....VALERO</p>

THURSDAY CONTINUED

1:00 – 2:30 pm

Concurrent Sessions

Session #1: Leadership (Part 1 of 2).....RIVERVIEW
Facilitators: Barbara Barnes, MD, MS and Morris J. Blachman, PhD, FACEHP

Session #2: Research in CME (RICME).....SALON ABC
Presentations (#1 of 2) from Accepted Abstracts

Where Medicine Meets Public Health: A Partnership at the Intersection (page 30)
Stacy Sattovia, MD, MBA, FACP, Associate Professor of Clinical Medicine, Medical Director of Continuing Professional Development Southern Illinois University School of Medicine

Factors Associated with Learner Commitment to Change (page 31)
Kimberly Northrip, MD, MPH, Director UK Healthcare CECentral

Silencing Patients' Voices: Using Critical Social Theory to Make Visible the Paradox of Patient-centered Care in Continuing Professional Development (page 31)
Rene Wong MD, MMed, PhD (Candidate), Research Fellow, Wilson Center for Research in Education

Exploring Potential Mechanisms for Project ECHO Knowledge Translation: Understanding the "How" (page 32)
Sanjeev Sockalingam, MD, MHPE, FRCP(C), Director, Continuing Professional and Practice Development for Psychiatry, Associate Professor University Health Network, University of Toronto

A Framework for Understanding the Surgeon Experience of Learning New Skills in Practice (page 32)
Shay Seth, MD, MAEd, Resident University of Ottawa

Session #3: Quality Improvement Workshop.....SALON EF
Changing Clinicians' Behavior: What Strategies Work? (Part 1 of 2)
Sandra G. Adams, MD, Pulmonologist, UT Health Science Center San Antonio

Leticia Bresnahan, MBA, Director - Office of Continuing Medical Education, UT Health Science Center San Antonio

Jan Patterson, MD, MS, CHCP

2:30 – 2:45 pm

Break, Visit Exhibits.....ALAMO FOYER
View Posters.....SALON D

2:50 – 4:20 pm

Concurrent Sessions

Session #1: Leadership (Part 1 of 2).....RIVERVIEW
Facilitators: Barbara Barnes, MD, MS and Morris J. Blachman, PhD, FACEHP

Session #2: Research in CME (RICME).....SALON ABC
Presentations (#2 of 2) from Accepted Abstracts

A Multi-modal Initiative to Increase Long-acting Reversible Contraception Among Adolescent Women (page 33)
Jennifer Seidel, MD, Medical Director for CME for Ob/Gyn, Regional Medical Director for Women's Health Colorado Permanente Medical Group

Sharisse Arnold Rehring, MD, FAAP, Director of Medical Education, Director of Pediatric Education Colorado Permanente Medical Group

A Neuro-Emergent Telemedicine Program And Provider Education In Rural New Mexico (page 33)

Deirdre Kearney, MSN, Clinical Nurse, Director, ACCESS & Telemedicine Program, Department of Neurosurgery, University of New Mexico Health Sciences Center

The Role Of Graduate Courses In Continuing Education In Promoting Educational Scholarship Among Health Professionals (page 34)

Savithiri Ratnapalan, MBBS, MRCP, FAAP, FRCPC

Professionals' Understandings Of Self-Directed Learning In The Context Of Digital, Social Media And Mobile Technologies Use For Continuing Professional Education (page 34)

Lisa Fleet, MA, DipAdEd, BEd, Manager, Research Office of Professional Development, Faculty of Medicine, Memorial University

Conceptualization And Operationalization Of Certification In American And Canadian Medical Literature: Preliminary Findings (page 35)

David Price, MD, Senior Vice President, ABMS Research and Education Foundation

Session #3: Quality Improvement Workshop.....SALON EF
Changing Clinicians' Behavior: What Strategies Work? (Part 2 of 2)

Sandra G. Adams, MD; Leticia Bresnahan, MBA; and Jan Patterson, MD, MS, CHCP

4:30 – 5:30 pm

Best Practices Presentations from Accepted Abstracts Session #2 of 5.....SALON ABC

Innovative Continuing Education Curricula Can Help Fill the Gap in Appropriate Geriatric and Palliative Care Knowledge, Skills and Attitude (page 35)

Leticia Bresnahan, MBA

Incorporating the Patient Perspective into Activity Planning and Implementation (page 36)

Marianna Shershneva, MD, PhD, and Sydney Pate

Effecting Practice Change Through Virtual Dermatology CME and Tele-mentoring (page 36)

Mirna Becevic, PhD, Assistant Research Professor University of Missouri

Using Standardized Learners to Enhance Feedback Skills in Clinical Teaching (page 37)

Nancy A. Davis, PhD, Associate Dean, Faculty Development University of Kansas School of Medicine

Can CME Impact a National Healthcare Crisis and How Will We Know? (page 37)

Julie White, MS, CHCP, Director, The Barry M. Manuel Office of Continuing Medical Education, Boston University School of Medicine; **Suzanne Murray**, CEO and Founder, AXDEV Group

Problem-based Learning 2.0 : An Innovative Approach to Clinical and Professional Development Appropriate for Faculty and Residents (page 38)

Camille Dennard, MPH, Senior Consultant - Regional Health Education, Kaiser Permanente

5:30 – 5:45 pm

Journal of Continuing Education in the Health Professions (JCEHP).....SALON ABC

Simon Kitto, PhD, Full Professor, Department of Innovation in Medical Education, Director of Research, Office of Continuing Professional Development, University of Ottawa

THURSDAY CONTINUED

5:45 – 6:15 pm	Moderated Poster Presentations – Session #5SALON D
6:15 – 6:45 pm	Program Committee Meeting (Open)RIVERVIEW
7:00 pm	Board Dinner with Keynote Speakers (Closed)BOWIE

FRIDAY, APRIL 27, 2018

7:30 am	Registration OpenBALLROOM LEVEL, 2ND FLOOR
7:00 – 7:55 am	BreakfastALAMO FOYER
7:15 – 7:55 am	Scholarship Committee Meeting (Open)VALERO
7:15 – 7:55 am	Portfolio Sponsor Interest GroupBOWIE
8:00 – 12:00 pm	SACME General ProgrammingSALON ABC
8:00 – 9:00 am	Barbara Barnes Plenary: Advances in Interprofessional CPD: Can We Get it Right? MODERATOR: Ajit K. Sachdeva, MD, FRCSC, FACS Jeffrey P. Gold, MD, FACS , Chancellor, University of Nebraska Medical Center
9:00 – 9:45 am	Top Five Advances in CME/CPD: 2018 Update MODERATOR: Ajit K. Sachdeva, MD, FRCSC, FACS Craig Campbell, MD, FRCPC , Director, Continuing Professional Development, Royal College of Physicians and Surgeons of Canada
9:45 – 10:00 am	Break, Visit ExhibitsALAMO FOYER View PostersSALON D
10:00 – 10:50 am	Best Practices Presentations from Accepted Abstracts Session #3 of 5SALON ABC <i>Building Virtual Communities of Practice to Educate Providers in Remote Areas in Sub-Saharan Africa, Asia and the Americas to Address Pressing Public Health Challenges (page 38)</i> Bruce Struminger, MD, MAEd , Associate Professor of Medicine, Division of Infectious Diseases, University of New Mexico <i>More Than A Template (page 39)</i> Stacy Sattovia, MD, MBA, FACP , Associate Professor of Clinical Medicine, Medical Director of Continuing Professional Development Southern Illinois University School of Medicine <i>Leading Strategic Change: Engaging Faculty To Create A Collective Vision For CPD At The University of Toronto (page 39)</i> Suzan Schneeweiss, MD , Associate Dean Continuing Professional Development, Faculty of Medicine, University of Toronto <i>Addressing Patient Safety In Preparation For Internship (page 40)</i> Thomas Riles, MD , Executive Director, NYU School of Medicine
11:00 am – 12:15 pm	SACME Business Meeting and Induction of New Academy Members Ajit K. Sachdeva, MD, FRCSC, FACS

12:15 – 1:00 pm	Networking LunchSALON ABC Board of Directors Luncheon with Military Personnel (Closed)VALERO
1:10 – 2:50 pm	Concurrent Best Practices Presentations #4 of 5SESSION 1: SALON ABC <i>CME As Part Of A State-Wide Public Health Opioid Prescribing Intervention (page 40)</i> Kimberly Northrip, MD, MPH <i>Inside CPD: Increasing Our Slugging Percentage (page 41)</i> Christine Flores, MPH, Administrative Director, Oregon Health & Science University <i>Learning Accomplishments Resulting from Regularly Scheduled Continuing Medical Education Series (RSS)—A Qualitative Study (page 41)</i> Jack Dolcourt, MEd, Director of Education Development and Research, Vanderbilt University Medical Center Concurrent Best Practices Presentations #5 of 5SESSION 2: SALON ABC <i>Innovative Telementoring for Diabetes Workforce Education: Endo Echo (page 42)</i> Jessica Kirk, MSN, RN, CPN, CDE, Nurse Manager, University of New Mexico <i>Novel Approach to Delivering Continuing Medical Education Material and Credit Concerning Opioid Prescribing Practices (page 42)</i> Leslie Fowler, MEd, Director of Education Development and Research Vanderbilt University Medical Center <i>Academic Detailing for Behavior Changes in Physicians Prescribing for Chronic Pain Disorders (page 43)</i> Robert L. Rhyne, MD, Professor, Family and Community Medicine University of New Mexico Health Sciences Center <i>The Child Ready Program: Regionalization of Pediatric Emergency Care in Rural and Tribal Areas Through Community Engagement, Telehealth and Prevention (page 43)</i> Robert Sapien, MD, MMM, Distinguished Professor, Emergency Medicine and Pediatrics, University of NM Health Sciences Center
2:50 – 3:00 pm	Break, Visit ExhibitsALAMO FOYER View PostersSALON D
3:00 – 3:55 pm	Panel Discussion: Connecting CPD/CME with Global Military OperationsSALON ABC MODERATOR: Barbara Barnes, MD, MS PANELISTS: Ronald M. Cervero, PhD, Professor and Associate Director for Remote Campus Education, Graduate Programs in Health Professions Education, Department of Medicine, Uniformed Services University of the Health Sciences Colonel Michael Forgione, MD, FACP, FIDSA, Colonel USAF MC, Chief, Physician Education, AFPC/DP2NP Dave Bell, MD, COL, MC, USA, Associate Dean Graduate Medical Education SAUSHEC Byron C. Hepburn, MD, Maj Gen, USAF Ret, Associate Vice President, Director, Military Health Institute, USAA Patty and Joe Robles, Jr. Distinguished Chair for Military Health, The University of Texas Health Science Center

FRIDAY CONTINUED

4:00 – 4:15 pm	Manning Award Presentation: Data and Lifelong Learning (LLL)SALON ABC Understanding cultural barriers and facilitators to assessing and using clinical performance data to support continuing professional development (CPD) David Wiljer , Executive Director, Education Technology Innovation at University Health Network Sanjeev Sockalingam, MD, MHPE, FRCP(C)
4:20 – 4:50 pm	Announcement of 2018 Research AwardsSALON ABC Fox Award, Young Researcher Award, Poster Award, Poster Award – Young Researcher Mary Turco, EdD and Betsy White Williams, PhD, MPH
4:50 – 5:15 pm	Updates from SACME Committee ChairsSALON ABC MODERATOR: Annette Mallory Donawa, PhD Communications: Stacey Samuels , Manager of Accreditation and Educational Development, UCSF Office of Continuing Medical Education Finance: Joyce Fried , Assistant Dean, David Geffen School of Medicine at UCLA, Co-Director, UCLA Office of Continuing Medical Education Membership: Linda D. Caples, MBA , Director, Office of Continuing and Professional Education, Medical College of Wisconsin Scholarship: Betsy White Williams, PhD, MPH Strategic Affairs: Barbara Barnes, MD, MS Program: Annette Mallory Donawa, PhD
5:20 – 5:55 pm	Membership Committee Meeting (Open)BOWIE
6:00 – 6:45 pm	Community of Practice (Open to SACME Members)BOWIE John T. Parboosingh, MB, FRCSC, FSACME , Professor Emeritus, University of Calgary Mila Kostic, CHCP, FACEHP , Director of Medical Education/Co-Director of Interprofessional Continuing Education, Perelman School of Medicine at the University of Pennsylvania Simulation, The Game Changer in Continuing Education (Open)SALON ABC Samantha Singh Hernandez, MSN, MSW , Regional Director, The Northeastern Simulation Center, Saint Barnabas Medical Center

SATURDAY, APRIL 28, 2018

7:00 – 7:55 am	BreakfastALAMO FOYER
7:15 – 7:55 am	Women and Leadership in CPD Special Interest GroupVALERO Mary G. Turco, EdD, FSACME
8:00 – 12:00 pm	SACME General ProgrammingSALON ABC
8:00 – 8:55 am	ABMS Board Presidents' Debate: MOC Part IV MODERATOR: Annette Mallory Donawa, PhD David G. Nichols, MD, MBA , President and CEO, The American Board of Pediatrics David F. Martin, MD , Executive Medical Director, American Board of Orthopaedic Surgery Susan M. Ramin, MD , Associate Executive Director Maintenance of Certification, American Board of Obstetrics and Gynecology
9:00 – 9:55 am	Physician Engagement in Performance-Based CPD David Price, PhD , Senior Vice President, ABMS Research and Education Foundation Nancy Davis, PhD , Associate Dean, Faculty Affairs & Development, University of Kansas School of Medicine Bruce A. Nitsche, MD , The Lewis and John Dare Center, Medical Director of Continuing Medical Education, Director of ABMS Portfolio Program at Virginia Mason Health System
10:00 – 10:10 am	Break
10:15 – 11:00 am	AAMC: Harrison Survey Updates Lisa Howley, PhD, MEd , Senior Director of Strategic Initiatives and Partnerships, AAMC
11:05 – 11:20 am	Virtual Journal Club Mila Kostic, CHCP, FACEHP
11:20 am – 12:00 pm	Presidential Closing and Conference Summary Ajit K. Sachdeva, MD, FRCSC, FACS Induction of the New SACME President Ajit K. Sachdeva, MD, FRCSC, FACS William F. Rayburn, MD, MBA Program Chair Closing Annette Mallory Donawa, PhD
12:30 – 2:30 pm	SACME Board Lunch/Meeting (Closed)BOWIE

BIOSKETCHES



Jeffrey P. Gold, MD, FACS

Dr. Gold is a nationally recognized leader and tireless advocate for transforming higher education, academic medicine and health care delivery.

He became the eighth chancellor of the University of Nebraska Medical Center, Vice President of the University of Nebraska System and the chair the board of UNMC's clinical academic health system partner, the Nebraska Medicine Health System, in January of 2014.

Dr. Gold is responsible for all aspects of campus leadership, program quality and operations, including 7 Colleges, numerous institutes, a staff and faculty of about 5,000 and its 4,000 health professions students. Additionally, Nebraska Medicine has over 6,500 employees and an operating budget of well more than \$1.5 billion. The combined annual economic impact of the academic health center exceeds \$4.5 billion. In April of 2017 Dr. Gold was also named the Chancellor of the University of Nebraska at Omaha, the state's public urban metropolitan university. The University of Nebraska at Omaha has an enrollment of over 12,000 undergraduate students, 3,000 graduate students, a broad public service mission and an NCAA Division I athletic program.

Dr. Gold is a graduate from the Cornell University College of Engineering, and earned his M.D. from the Weill Cornell College of Medicine. He completed his general surgery residency at The New York - Presbyterian Hospital and Memorial Sloan Kettering Cancer Center. He completed his cardiothoracic surgical fellowship training at the Brigham and Women's Hospital in Boston with additional training in pediatric cardiac surgery at the Boston Children's Hospital, both of Harvard Medical School.

Dr. Gold's national leadership has included more than 100 national organizations, volunteer boards, government/public health councils, and industry. He has recently served as the Chair the AMA Council on Medical Education and the LCME. He is a member of the AMA House of Delegates and is Chair-Elect of the ACGME Board.



K. Anders Ericsson, PhD

K. Anders Ericsson, PhD, is presently Conradi Eminent Scholar and Professor of Psychology at Florida State University. In 1976 he received his Ph. D. in Psychology from University of Stockholm, Sweden, followed by a post-doctoral fellowship at Carnegie-Mellon University in USA. At CMU he collaborated with the Nobel Prize winner in Economics, Herbert A. Simon on verbal reports of thinking leading to their classic book *Protocol Analysis: Verbal Reports as Data* (1984). Following his post-doctoral fellowship, he moved to University of Colorado at Boulder, where he remained until 1992, except for a 2-year visiting scientist position at the Max-Planck Institute for Human Development and Education in Berlin.

In 1992 he accepted an endowed professorship at Florida State University. In the last 40 years his research has been focused on the measurement of expert performance in domains, such as music, chess, nursing, law enforcement, and sports, and how expert performers attain their superior performance by acquiring complex cognitive mechanisms and physiological adaptations through extended deliberate practice.

He has edited several books on expertise, starting with *Toward a general theory of expertise: Prospects and limits* (co-edited with Jacqui Smith) published in 1991. A few years later (1996) he edited *The road to excellence: The acquisition of expert performance in the arts and sciences, sports, and games*. In 2003 *Expert performance in sport: Recent advances in research on sport expertise*. In 2006 the influential *Cambridge Handbook of Expertise and Expert Performance* was published and it consisted of over 40 chapters and 900 pages and a 2nd edition will appear in June of 2018. In 2009 *Development of Professional Expertise* appeared under his editorship. His most recent book (2016) *Peak: Secrets from the new science of expertise* was co-authored with Robert Pool has been translated to 19 languages other than English.

He has published articles in prestigious journals, such as *Science*, *Academic Medicine*, *Psychological Review*, *Psychological Bulletin*, *Academic Emergency Medicine*, *Current Biology*, and *Trends of Cognitive Science*.

He is a Fellow of the Center for Advanced Study in the Behavioral Sciences, of the American Psychological Association and the Association for Psychological Science and a member of Royal Swedish Academy of Engineering Sciences.

His research has been featured in cover stories in *Scientific American*, *Time*, *Fortune*, *Wall Street Journal* and *New York Times*. He has been invited to give keynote presentations at conferences of surgeons, musicians, teachers, clinical psychologists, athletes, and coaches as well as professional sports organizations, such as Philadelphia Eagles (American football), San Antonio Spurs (basketball), Toronto Blue Jays (baseball) and Manchester City (soccer).



Patrick C. Alguire, MD, FACP

Patrick Alguire, MD, FACP received his medical degree from Michigan State University College of Human Medicine in 1975. He completed a categorical residency in internal medicine at St. Joseph Mercy Hospital in Ann Arbor, Michigan, in 1978 and was certified in internal medicine in the same year. From 1979 to 1995 Dr. Alguire was on the faculty of Michigan State University College of Human Medicine, achieving the rank of Professor and Chief of the Division of General Medicine. From 1995 to 1998, Dr. Alguire was on the faculty of the University of Florida Department of Internal Medicine.

In 1998, Dr. Alguire joined the American College of Physicians (ACP), where he directed the Community-Based Teaching Project. Dr. Alguire was appointed editor-in-chief of the *Medical Knowledge Self-Assessment Program (MKSAP)* for editions 14, 15, 16, and 18. The *MKSAP* program has over 70,000 participants and offers 275 CME credits and an equivalent number of MOC points. Dr. Alguire was founding editor and editor-in-chief for *Board Basics*, *Teaching in Your Office: A Guide to Instructing Medical Students and Residents*, *Internal Medicine Essentials for Students*, *MKSAP for Students*, *MKSAP Digital for Students*, *Clinical Shorts*, and *Virtual Dx*. From 2010 to 2017, Dr. Alguire was Senior Vice President for Medical Education, overseeing all of the educational activities for ACP, the nation's largest medical specialty organization.

Dr. Alguire has been the recipient of many awards, including the Michigan State University College of Human Medicine Excellence in Teaching Students Award in 1980, 1982, 1983, and 1984 and the Excellence in Teaching Residents Award in 1982, 1986, 1990, and 1993. The College of Human Medicine awarded Dr. Alguire the Distinguished Clinician Award in 1990 and the Outstanding Alumni Award in 1997. In 2002, Dr. Alguire received the Michigan State University Distinguished Alumni Award. In 2016 Dr. Award received the Laureate Award from the Pennsylvania Chapter of the American College of Physicians.



Dave Bell, MD, COL, MC, USA

Dr. (Colonel) David G. Bell serves as the Director, Graduate Medical Education for Brooke Army Medical Center and the Army Associate Dean for the San Antonio Uniformed Services Health Education Consortium. He is a pulmonary, critical care, and sleep medicine physician, and a Fellow of the American College of Chest Physicians, the American College of Physicians, and the American Academy of Sleep Medicine.



Craig M. Campbell, MD, FRCPC

Dr. Craig Campbell, MD, FRCPC is Director of Continuing Professional Development, Office of Specialty Education at the Royal College of Physicians and Surgeons of Canada. Dr. Campbell is a specialist in Internal Medicine and Associate Professor of Medicine at the University of Ottawa. Craig leads the Royal College's national Maintenance of Certification (MOC) Program, serves as Registrar for the Royal College and has oversight for the competency-based CPD development project within the Royal College's Competence by Design strategic initiative.

BIOSKETCHES CONTINUED



Ronald M. Cervero, PhD

Ronald M. Cervero, PhD, is Professor and Associate Director for Remote Campus Education at the Uniformed Services University of the Health Sciences' Division of Graduate Programs in Health Professions Education. Prior to his move to USU, he held a variety of leadership roles at the University of Georgia and provided intellectual and organizational leadership for the field of health professions education. He founded and served as co-director of the Institute for Evidence-Based Health Professions Education, was the co-PI for Georgia's Public Health Training Center, and led the Provost's initiative on interprofessional education that led to the creation of a campus-wide effort to build and sustain an IPE program linking all health professions units. He has published extensively in health professions education, with special emphasis on continuing professional development and the politics of educational planning.



Carlyle H. Chan, MD

Carlyle Chan, MD is Professor of Psychiatry and the Institute for Health and Equity (Bioethics and Medical Humanities) at the Medical College of Wisconsin where he attended Medical School. He completed his psychiatric residency at the University of Chicago Hospitals and Clinics and a Robert Wood Johnson Clinical Scholar Fellowship at Yale University School of Medicine. He was a Residency Training Director for over 17 years and has been his department's CME Director for the past 28 years. In addition to an outpatient clinical practice, he directs a residency psychotherapy service and has started two new rural psychiatric residencies. He has chaired MCW's CME Oversight Committee and served as Medical Director for the MCW CME Office.

Nationally, he served on the ACGME Psychiatry Residency Review Committee, is a past Chair of the American Association of Directors of Psychiatric Residency Training, and is a past Chair of the Board of Directors of the ACCME. He is an American Psychiatric Association representative to the Council of Medical Specialty Societies and helped found and chair the Organization of Program Directors Association. He is currently a Member of the American Board of Medical Examiners and AAMC Senior Consultant for GME. He has received the ACGME's Parker Palmer Courage to Teach Award, the Association for Academic Psychiatry's Lifetime Achievement Award and was elected to MCW's Society of Teaching Scholars.



Annette Mallory Donawa, PhD

Dr. Annette Mallory Donawa's experience in education and industry spans more than 30 years. Dr. Donawa earned a Bachelor of Science Degree in Mass Communications with a minor in English from Towson University in Towson, Maryland. She subsequently earned a Master's Degree in education with a focus on instructional design and curriculum development from Northern Illinois University in DeKalb, Illinois. She continued her educational pursuits, earning a Ph.D. in Higher Education and Administration from Morgan State University (MSU) in Baltimore, Maryland. She has served as the Director of an Accreditation Commission for alternative medicine (ACAOM), as well as the Deputy Director of a NASA-funded university research center

within the School of Engineering at MSU. Her doctoral research in critical thinking supported the Maryland State Department of Education's (MSDE) science, technology, engineering, and mathematics (STEM) initiatives.

During the past six years, she has had the pleasure of serving as the Assistant Dean of the Office of Continuing Medical Education (OCME) at Johns Hopkins University. She serves on the Johns Hopkins CME Advisory Board, and the MOC Portfolio Part IV Portfolio Program Expert Reviewer Panel. She enjoys working with the OCME staff at Hopkins, which manages approximately 500 CME activities annually, with participants representing 195 countries. She is the Founding Director of an international healthcare exchange program at Hopkins, where international physicians visit Johns Hopkins for a five-day medical education program and she is the Co-Director of the MOC Part IV Portfolio Sponsor initiative where she collaborates with the Armstrong Institute of Patient Safety and Quality. In 2017, she authored her first poetry book: *Blessings Beyond Measure*.



Michael A. Forgione, MD, FACP, FIDSA

Colonel Michael A. Forgione, MD, FACP, FIDSA currently serves as the Chief of Physician Education for the United States Air Force responsible for selection and training of over 1400 physicians in Graduate Medical Education per year. His office also manages 1300 students in Undergraduate Medical Education and provides oversight for the USAF Surgeon General CME program.



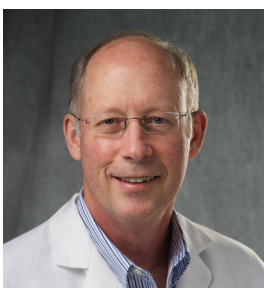
Byron C. Hepburn, MD, Maj Gen, USAF Ret

Dr. Byron C. Hepburn, Maj Gen, USAF Ret, is Associate Vice President and the inaugural Director of the Military Health Institute at the University of Texas Health Science Center at San Antonio. In this role, he strengthens the University's DoD and VA collaborations with the goal of improving the health and well-being of military personnel, veterans and their families through innovative medical research, health education and clinical care. He holds the titles of Professor of Family and Community Medicine, Assistant Dean for Military Health in the School of Medicine and the USAA Patty and Joe Robles, Jr. Distinguished Chair for Military Health.



Constance LeBlanc, FCFP, CCFP(EM), MAEd, CCPE

Connie is a professor in the Department of Emergency Medicine and Associate Dean for Continuing Professional Development and Medical Education Research at Dalhousie University in Halifax in Nova Scotia, Canada. Her interests in medical education and research include knowledge translation, leadership, Choosing Wisely and program innovation. In her spare time she practices karate, playing the piano, SCUBA diving, runs and is a globetrotter with her family.



J. Lawrence Marsh, MD

J. Lawrence Marsh, MD, is the Chairman of the Department of Orthopedics and Rehabilitation at the University of Iowa. His clinical expertise encompasses a wide variety of fractures, bone infections, and post-fracture problems such as failure to heal and post-traumatic arthritis.

He has a variety of research interests in the assessment and treatment of fractures with particular emphasis on minimally invasive techniques, post-traumatic arthritis and fracture classification and also is recognized for his research and expertise in surgical education and surgical simulation.

He was the president of the American Board of Orthopedic Surgery from 2015 to 2016 and remains a senior director of that board. He was the president of the American Orthopedic Association and the Mid-America Orthopedic Association from 2014 to 2015. He is a member of many professional organizations including the Orthopedic Trauma Association, the American Academy of Orthopedic Surgeons and the National Board of Medical Examiners. He is the past chair of the Orthopedic Residency Review Committee of the Accreditation Council for Graduate Medical Education.



David F. Martin, MD

David F. Martin, MD, is the Executive Medical Director of the American Board of Orthopaedic Surgery (ABOS). The Executive Medical Director is responsible for promoting activities that support the mission of the ABOS. Dr. Martin has served as the Interim Executive Director (2016) and also served on the ABOS Board of Directors from 2005-2015. He was President of the ABOS in 2011-2012. In addition, he also held the ABOS offices of Treasurer and Chairman of the Maintenance of Certification (MOC) Committee.

Dr. Martin served as a member of the ACGME Orthopaedic Residency Review Committee (RRC) from 1993 through 1999. Through the ABOS, Dr. Martin is currently Board Certified in Orthopaedic Surgery and holds Subspecialty Certification in Orthopaedic Sports Medicine; he is participating in Maintenance of Certification.

BIOSKETCHES CONTINUED



Mindi K. McKenna, PhD, MBA

Mindi McKenna, PhD, MBA is CME Division Director for American Academy of Family Physicians, and Staff Executive for the AAFP's Commission on Continuing Professional Development. Dr. McKenna oversees AAFP's credit system which certifies thousands of educational activities each year; and AAFP's provision of CME activities for thousands of health care professionals each year. Dr. McKenna's professional interests include the assessment and improvement of health care professionals' knowledge, skills, practice performance and patient outcomes.

She champions the translation of research into education and practice; and the integration of health care quality improvement and education. She is an active member of the Alliance for Continuing Education in the Health Professions (ACEHP); the Council of Medical Specialty Societies (CMSS) CPD Group; the International Academy of CPD Accreditors (IACPDA); the International Society for Quality (and Accreditation) in Healthcare (ISQua); and the Society for Academic CME (SACME). She's a certified physician leadership coach; and a member of the prestigious National Speakers Association.

She was previously faculty in Rockhurst University's Health Care Leadership MBA program for physicians, residents, medical students and nurse executives; Vice President of Marketing and Business Development for Cerner Corporation (a global health information technology firm); and Director of National Accounts, Federal Sales, and R&D Organizational Development for a global pharmaceutical company (now Aventis).



David G. Nichols, MD, MBA

Dr. Nichols assumed the role of President and CEO in late 2012, but has been associated with the American Board of Pediatrics for 30 years -- as a diplomate, an item writer, subboard chair, committee chair, and a member of the board of directors. Prior assuming the presidency at the ABP, he was the Mary Wallace Stanton Vice Dean for Education and Professor of Pediatrics, Anesthesiology, and Critical Care at the Johns Hopkins School of Medicine. Dr. Nichols is a graduate of Yale University (BA '73) and the Mount Sinai School of Medicine (MD '77). He has authored more than 100 journal articles, chapters and books, including Rogers' Textbook of

Pediatric Intensive Care and Critical Heart Disease in Infants and Children - two leading textbooks in the field. He is the recipient of the Society for Critical Care Medicine's Shubin-Weil Master Clinician/Teacher: Excellence In Bedside Teaching Award as well as the American Academy of Pediatrics Section on Critical Care Lifetime Achievement Award.

Dr. Nichols is board certified in three disciplines: pediatrics, pediatric critical medicine, and in anesthesiology. He is meeting the requirements for continuous certification and maintenance of certification.



Jan E. Patterson, MD, MS, CHCP

Jan E. Patterson MD, MS, CHCP is Associate Dean for Quality & Lifelong Learning, Director of the Center for Patient Safety and Health Policy, and Professor of Medicine/Infectious Diseases and Pathology at University of Texas Health San Antonio. She is a graduate of UT Medical School at Houston, did her internal medicine residency at Vanderbilt University Medical Center, and her infectious diseases fellowship at Yale University School of Medicine. She completed a Masters in Health Care Management at the Harvard School of Public Health. Dr. Patterson has more than 20 years of experience and publications in the field of healthcare epidemiology. She directs the Clinical Safety and Effectiveness course in San Antonio, a project-based quality improvement/patient safety curriculum for faculty and staff.

She is a certified healthcare CPD professional, has served on the Board of Directors for the Commission for Certification of Healthcare CPD Professionals, and is certified in Medical Quality. Dr. Patterson is a Past President of the Society for Healthcare Epidemiology of America and has also served on the Board of Directors for the Infectious Diseases Society of America and the American Board of Internal Medicine Infectious Diseases Committee.



Susan Ramin, MD

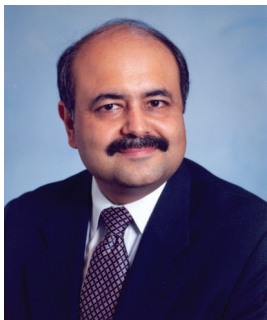
Dr. Susan M. Ramin became an Associate Executive Director at the American Board of Obstetrics and Gynecology (ABOG) on March 1, 2017. Dr. Ramin's primary focus is on directing the Maintenance of Certification (MOC) program. She is familiar with the American Board of Medical Specialties (ABMS) MOC Standards, and she directs a process that is a true continuous certification process with annual participation requirements. In addition, she directs the ABOG pilot proposing to integrate the Lifelong Learning & Self-Assessment (Part II) and Assessment of Knowledge, Judgment and Skills (Part III) portions of MOC. The ABOG continuing certification program uniquely focuses on helping diplomates keep up to date by reading articles and demonstrating knowledge of new research and practice guidelines.



William F. Rayburn, MD, MBA

William Rayburn, MD, MBA is a Distinguished Professor, Associate Dean of Continuing Medical Education and Professional Development, and emeritus chair of obstetrics and gynecology at the University of New Mexico. As a maternal-fetal medicine specialist, he remains clinically active with patients having complicated pregnancies. Dr. Rayburn is the recipient of several teaching awards and has been continuously funded for his research. His more than 700 peer-reviewed journal articles and abstracts presented at national scientific meetings deal with high risk pregnancy topics, physician workforce issues, and evaluative education trials.

In addition to serving on various national committees and leadership positions, Dr. Rayburn is Chair of the Board of Directors, Accreditation Council for Continuing Medical Education, Senior Consultant for CME, Association of American Medical Colleges, and President-Elect, Society for Academic Continuing Medical Education. His most recent professional reference book, "Continuing Professional Development in Medicine and Health Care: Better Education, Better Patient Care," was published in 2017.



Ajit K. Sachdeva, MD, FRCSC, FACS

Ajit K. Sachdeva, MD, is the Founding Director of the Division of Education of the American College of Surgeons. Dr. Sachdeva established this Division, which is responsible for developing and implementing innovative education and training programs for surgeons, surgery residents, medical students, and members of surgical teams. Major initiatives launched under Dr. Sachdeva's leadership have established new national and international benchmarks. These include the Academy of Master Surgeon Educators; Program for Accreditation of Education Institutes (Simulation Centers); Program for Validation and Verification of Surgical Knowledge and Skills; education and training programs to promote expertise and excellence in surgery;

cutting-edge simulation-based education and training programs; education and training programs aimed at the continuum of professional development, with specific focus on transitions; innovative and multidimensional Patient Education Program; and transformational redesign of the Annual Clinical Congress. He has led several major national research and development projects in surgical education and training. Dr. Sachdeva also serves as Adjunct Professor of Surgery at The Feinberg School of Medicine at Northwestern University.

Prior to joining the College, Dr. Sachdeva was the Leon C. Sunstein, Jr., Professor of Medical and Health Sciences Education and Professor and Vice Chairman for Educational Affairs, Department of Surgery, at the MCP Hahnemann School of Medicine. He had also held the positions of Associate Dean for Medical Education and Director of the University's Academic Center for Educational Excellence, and served as Chairman of three successive medical school Education/Curriculum Committees for 12 years. He established a Division of Surgical Education, which was one of the first such Divisions in the country, and a Fellowship Program in Surgical Education.

Dr. Sachdeva also served as Chief of Surgical Services at the Philadelphia Veterans Affairs Medical Center. He planned and directed the expansion of tertiary care services at the medical center, staffed by two medical schools (University of Pennsylvania School of Medicine and MCP Hahnemann School of Medicine). He established a Regional Network Health Care Program for Women Veterans for which he received the Gold Medal in Excellence in Government Awards Program,

BIOSKETCHES CONTINUED

National Performance Review Award of the Vice President of the United States, and Award of the Deputy Secretary, Department of Veterans Affairs.

Dr. Sachdeva was awarded the Distinguished Educator Award (a Lifetime Achievement Award) by the Association for Surgical Education, and the Margaret Hay Edwards, M.D. Achievement Medal for Outstanding Contributions to Cancer Education by the American Association for Cancer Education. Dr. Sachdeva has received the Award for Outstanding Contributions to Healthcare Simulation from the Society for Simulation in Healthcare, the Frances M. Maitland Award from the Alliance for Continuing Medical Education, the Theodore A. McGraw, M.D., Medal from The Detroit Surgical Association, and Recognition of Excellence Award from the Society of American Gastrointestinal and Endoscopic Surgeons. He has also received the Lindback Award for Distinguished Teaching, the Blockley-Osler Award for Excellence in Clinical Teaching, the Board of Trustees' Award for Teaching Excellence, and several Golden Apple Awards for Teaching Excellence. He has delivered presentations and conducted courses on educational topics in the United States, Canada, Europe, Australia, and Japan. He has been the recipient of major educational grants and has published widely in peer-reviewed journals. Dr. Sachdeva is a member of the American Surgical Association and serves as a representative of this association to the Council of Faculty and Academic Societies of the Association of American Medical Colleges. He has chaired the Committee on Surgical Education of The Society of University Surgeons, and served on the Board of Governors of the American College of Surgeons. He has also served as Chairman of the Scientific Review Group Education Subcommittee (Study Section) of the National Cancer Institute, National Institutes of Health. Dr. Sachdeva has served as a member of the Executive Committee of the Board of Directors of the Accreditation Council for Continuing Medical Education, and as a member of the Board of Directors of the Accreditation Council for Graduate Medical Education.

Dr. Sachdeva has served as President of the following national organizations – Association for Surgical Education; American Association for Cancer Education; Alliance for Clinical Education; Council of Medical Specialty Societies; and Society for Academic Continuing Medical Education.



Randolph H. Steadman, MD, MS

Dr. Steadman is professor and vice chair for education in the department of anesthesiology and perioperative medicine, UCLA Health, Los Angeles, California. He is the founding director of the UCLA Simulation Center, which opened in 1996. Dr. Steadman is editor-in-chief of the American Society of Anesthesiologists Editorial Board on Simulation-Based Training, which evaluates simulation programs for ASA endorsement and, since 2008, has endorsed 49 programs that have the infrastructure, personnel, and curricula to deliver simulation-based continuing medical

education (CME). The ASA simulation board assists the American Board of Anesthesiology (ABA) in designing, administering and monitoring Maintenance of Certification in Anesthesiology Program (MOCA®) simulation courses that qualify for Part 2 (CME) and Part 4 (Improvement in Medical Practice) credit. In 2016, the ASA simulation courses transitioned from being a required Part 4 activity to an optional offering incentivized through weighted credit; after the transition, over three quarters of MOCA-participating anesthesiologists continued to select simulation as their preferred method of satisfying Part 4 requirements. Dr. Steadman's most recent research activities have addressed the use of simulation for assessment and the development of screen-based games for medical training. His clinical work focuses on the perioperative care of patients undergoing liver and abdominal organ transplantation. His publications include topics on simulation-based training and assessment, transplantation, and liver disease. He is board certified in internal medicine and anesthesiology.



David Wiljer, PhD

Dr. David Wiljer is a member of the community providing groundbreaking perspectives and inspiring contributions to digital health policy, management, education and evaluation. He is the Executive Director of Education, Technology & Innovation at the University Health Network, and former Senior Director of Transformational Education and Academic Advancement at the Centre for Addictions and Mental Health. David is also an Associate Professor in the Department of Psychiatry, Faculty of Medicine and the Institute of Health Policy Management and Evaluation at the University of Toronto. He is a former President of the American Association of Cancer Education, and was the founding Chair of a national working group, the Canadian Committee for

Patient Accessible Electronic Health Records (CCPAEHR), dedicated to involving patients in their EH. He was also an inaugural Associate Director of the Centre for Health, Wellness and Cancer Survivorship at the Princess Margaret Cancer Program at the University Health Network.

His work focuses on patient and health professions education, specifically patient involvement, digitally enabled education and life-long learning. He has explored the development of large programs, infrastructure, communities, and research initiatives that involve health professionals, patients and families in new approaches to education and care delivery, including patient portals for providing patients with access to their health records and social networking approaches to promote self-management and self-care.



Roy Ziegelstein, MD, MACP

Roy C. Ziegelstein, MD, MACP is the Vice Dean for Education at Johns Hopkins University School of Medicine. Dr. Ziegelstein is the Sarah Miller Coulson and Frank L. Coulson, Jr., Professor of Medicine, and the Mary Wallace Stanton Professor of Education. Dr. Ziegelstein received his BA in Biology summa cum laude from Boston University in 1982. He then received his M.D. from Boston University in 1986, and was inducted in the Alpha Omega Alpha Honor Medical Society. Dr. Ziegelstein completed his residency in internal medicine on the Osler Medical Service at Johns Hopkins Hospital in 1989 and was an Assistant Chief of Service (ACS) at Johns Hopkins Hospital from 1989 to 1990. Dr. Ziegelstein completed his cardiology fellowship

at Johns Hopkins in 1993, with a joint appointment at the NIH. He then joined the cardiology faculty at Johns Hopkins University School of Medicine, where he has been on faculty continuously since 1993. Dr. Ziegelstein directed the internal medicine residency training program at Johns Hopkins Bayview from 1997-2006. He also developed and directed the Transition to Residency and Internship and Preparation for Life (TRIPLE) capstone course for 4th-year medical students. Dr. Ziegelstein is a 5-time recipient of the George J. Stuart Award for Outstanding Clinical Teaching and he also has received the Professor's Award for Distinction in Teaching in the Clinical Sciences from the Johns Hopkins University School of Medicine. The American College of Physicians Maryland Chapter has recognized him with the C. Lockard Conley Award for Contributions to Resident Education and Research and the Theodore E. Woodward Award for Medical Education. He was named a Master of the American College of Physicians in 2012, and received the Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award of the Association of American Medical Colleges in 2013.

ACADEMY OF FELLOWS OF THE SOCIETY FOR ACADEMIC CONTINUING MEDICAL EDUCATION

Established 2017

OVERARCHING GOALS

The overarching goals of the new Fellowship of the Society for Academic Continuing Medical Education (SACME) are to recognize preeminent CME/CPD leaders of national and international renown for their seminal contributions, and to create a vibrant community of thought leaders through establishment of the new Academy of Fellows of SACME. The Academy was established in 2017 when the initial cohort of Fellows of SACME was inducted at the Annual SACME Meeting in Scottsdale, Arizona. This Academy of SACME Fellows serves as a think-tank to define megatrends in CME/CPD for the future; shape future directions of the field of CME/CPD; proactively address a range of national and international imperatives through innovation and creativity; and provide mentorship to aspiring leaders in the field of CME/CPD.

This Academy recognizes the past accomplishments of the renowned CME/CPD leaders and establishes mechanisms for them to continue making noteworthy contributions in the future. Individuals inducted into this Academy are able to use the initials FSACME after their names, in recognition of this high accomplishment and recognition.

MEMBERS OF THE ACADEMY OF SACME FELLOWS

Gloria Allington, MS Ed, FSACME
Barbara Barnes, MD, MS, FSACME
Morris J. Blachman, PhD, FACEHP, FSACME
Craig Campbell, MD, FSACME
Lois Colburn, FSACME
Robert Cullen, PhD, FSACME
Dale Dauphinee, MD, FSACME
Dave Davis, MD, FSACME
Nancy Davis, PhD, FSACME
Todd Dorman, MD, FSACME
William Easterling, Jr., MD, FSACME
Gerald Escovitz, MD, FSACME
Michael Fordis, MD, FSACME
Meryl Haber, MD, FSACME
R. Van Harrison, PhD, FSACME
Martyn Hotvedt, PhD, FSACME
Ginny Jacobs, MEd, MLS, CHCP, FSACME
Gabrielle Kane, MB, EdD, FRCPC, FSACME
Martin Kantrowitz, MD, FSACME
John Kues, PhD, FSACME
Paul Lambiase, FSACME
James Leist, EdD, FSACME
Jocelyn Lockyer, PhD, FSACME
Phil Manning, MD, FSACME
Jack Mason, PhD, FSACME
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Pam McFadden, FSACME
Graham T. McMahon, MD, MMSc, FSACME
Don Moore, PhD, FSACME
Curtis Olson, PhD, FSACME
John T. Parboosingh, MB, FRCSC, FSACME
Deborah Samuel, MBA, FACEHP, FSACME
Joan Sargeant, PhD, FSACME
Melinda Steele, MEd, CHCP, FACEHP, FSACME
Mary Turco, EdD, FSACME
Dennis Wentz, MD, FSACME

STEERING COMMITTEE OF THE ACADEMY OF SACME FELLOWS

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* Chair, Subcommittee for the SACME National Certificate Program for CPD Leaders

** Chair, Subcommittee for SACME National Mentorship Program

NEW FELLOWS OF SACME AND MEMBERS OF THE ACADEMY TO BE INDUCTED AT THE 2018 ANNUAL SACME MEETING

Helena P. Filipe, MD, MSc

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

Ajit K. Sachdeva, MD, FRCSC, FACS



Newly inducted Fellows of SACME at the 2017 Annual SACME Meeting

ABSTRACTS

TEACHING PATIENT-PROVIDER SHARED DECISION MAKING

Marianna Shershneva, MD, PhD, Senior Director, Educational Development and Research; CPD Evaluation and Assessment Specialist, Forefront Collaborative; University of Wisconsin-Madison; **Sydney Pate**, Educational Projects Manager, Forefront Collaborative

BACKGROUND: Shared decision making (SDM) allows patients and providers to make health care decisions together, taking into account the best scientific evidence, as well as the patient's values and preferences. SDM is a key component of high-quality care but is underutilized. One barrier to participation in SDM is that providers are often reluctant or unprepared to involve patients in clinical decisions.

DESCRIPTION OF WORKSHOP METHODS: Several SDM models, role of decision aids, SDM competencies, barriers to SDM, assessment tools, such as OPTION and CollaboRATE, and research gaps will be presented and discussed during a 90-minute interactive session. A video demonstrating the SDM process will be followed by a role-play exercise using the Choice Talk—Option Talk—Decision Talk approach. Presenters will share their experiences and outcomes of CME on SDM for cancer screening, psoriatic arthritis, and high-stakes surgical decisions. Participants will be invited to elaborate on their relevant experiences and ideas. Additional resources will be provided to support further learning.

LEARNING OBJECTIVES:

- Increase knowledge about the SDM process and educational approaches to teaching SDM skills
- Improve ability to plan educational interventions aimed at development of SDM skills, use of decision aids, and implementation of SDM in practice

IMPACT: CPD practitioners can help clinicians and patients have meaningful SDM conversations by using and advancing best practices in SDM teaching and learning.

TAKE HOME POINTS:

- Finding effective and feasible approaches to increase adoption of SDM in real-world clinical settings is critical
- Existing SDM frameworks and tools can inform educational interventions on SDM

INNOVATIONS AND ENHANCEMENTS TO ABMS CONTINUING CERTIFICATION PROGRAMS

Susie Flynn, BS, Director, Academic Services, American Board of Medical Specialties

The ABMS Member Board Community has been committed to making enhancements and improvements to their continuing certification programs in efforts to improve their relevance and transparency, reduce the burden and improve diplomates' overall experiences with continuing certification programs.

Four ABMS Member Boards—the American Board of Medical Genetics and Genomics, American Board of Nuclear Medicine, American Board of Pathology, and American Board of Physical Medicine and Rehabilitation—are planning to launch their longitudinal assessment programs via a CertLink™ platform in pilot form by the first half of 2018. These longitudinal assessment pilots are supported by CertLink, ABMS' online platform designed to help physicians evaluate their knowledge, fill knowledge gaps, and demonstrate proficiency.

The platform allows for opportunities to create assessments focused on practice-relevant content; offers convenient access on desktop, tablet, or smartphone (depending on the Board's program); provides immediate, focused feedback and guidance to resources for further study; and presents a personal dashboard that displays areas of strength and weakness.

Additionally other Boards that are already piloting their longitudinal assessment programs have received positive feedback. For example, the American Board of Anesthesiology (ABA) surveyed its physicians in December 2016 to collect their feedback on year one of the redesigned Maintenance of Certification in Anesthesiology Program® (known as MOCA 2.0®). Nearly 75 percent of the physicians who responded reported that the MOCA Minute® pilot served them well as an

assessment tool. Additionally, nearly 62 percent of survey respondents rated the experience better or much better than their experience with the traditional MOCA Exam. Moreover, physicians who participated in the 2014 and 2015 MOCA Minute pilot outperformed non-participants on the MOCA Exam, according to a study published in the November 2016 issue of Anesthesiology. In January, ABA expanded its longitudinal assessment program to include diplomates maintaining subspecialty certificates.

The implementation of longitudinal assessment programs across the Boards Community will continue to improve diplomates experience with continuing certification, improve the programs relevance and provide diplomates robust feedback mechanisms that will continue to inform their lifelong learning and self-assessment activities.

Additionally, to further reduce burden, the Boards are collaborating with other national reporting initiatives (MIPS, REMS) through their continuing certification programs (lifelong learning and self-assessment). Their ongoing commitment to continuous quality improvement of their programs will make a significant impact on the delivery of quality patient care and professional self-regulation.

ASSESSMENT OF A CONTINUING MEDICAL EDUCATION INTERVENTION DESIGNED TO CHANGE PHYSICIAN PRACTICE REGARDING BLOOD TRANSFUSION

Evangeline Arulraja; Apostolos Dallas, MD; David Musick, PhD; Shari Whicker, EdD, MEd; Keri vanBlaricom; Linda Wells, CHCP

BACKGROUND: Physician practice does not reflect evidence-based packed red blood cell (pRBC) transfusion guidelines. There is a need to change physicians' transfusion practices, yet few trials have evaluated a continuing medical education (CME) as a method of intervention.

RESEARCH QUESTION: Can a targeted, multi-faceted CME-based educational intervention impact physician transfusion practice?

METHODS: This two-year prospective cohort study included an interventional year August 2015-August 2016 and post-intervention year August 2016-August 2017. Our CME intervention involved: 1) educational handouts and didactic presentations, coupled with pre-and post-testing 2) educational posters, and 3) electronic clinical decision support. Transfusion analysis compared transfusion rates prior to and during intervention among physicians and clinical departments. The educational analysis compared initial improvement in knowledge between physicians who participated in the educational component and physicians who did not using pre- and post-test scores. Post-intervention analyses included assessing participation in and satisfaction with CME activities; self-reported improvement in knowledge, knowledge retention, and desire to change behavior; and cost analysis associated with changes in transfusion practices.

RESULTS: We targeted attending physicians from the departments of Surgery, Internal Medicine, Obstetrics and Gynecology, Family Medicine, and Emergency Medicine. 58 physicians participated in the educational intervention comprising the experimental group and 73 physicians comprised our control group. Of the 131 physicians that were analyzed, there was a significant 26% decrease ($p < .0001$) in transfusions when comparing the year prior to intervention to the year during intervention without significant variation in case-mix. Educational intervention analysis showed significant improvement in knowledge regarding transfusions risks and indications ($p < .001$). Changes in transfusion practices saved Carilion Roanoke Memorial Hospital \$922,332 during the year of intervention (2015-2016).

IMPACT: Our CME study decreased the number of pRBC transfusions and reduced costs to the patient and Carilion Roanoke Memorial Hospital. This study provides support for targeted, multi-faceted CME interventions as a method to help align physician practice with best practice guidelines.

THE NEW CME – LEAN IN FOR BETTER EDUCATION AND PATIENT OUTCOMES

Carina Manteuffel

CME thought leaders are focusing CME activities more and more on closing practice gaps, meeting pertinent educational needs, and achieving measurable learning objectives. What if these words have little meaning in your organization? What if your organization is used to a checklist-approach to CME, replete with paperwork and bureaucratic processes that are perceived as burdensome? What if everybody seems to complain about CME, but nobody seems ready to change?

ABSTRACTS CONTINUED

These what-if's may not sound too farfetched from your daily reality – they definitely were not for us. We have started to lean in to turn around how the organization views CME and the education role it can play in achieving our quality and performance initiatives on an individual and institutional level. With a strong focus on continuous improvement, open dialogue with the constituents and clear measurements of our CME success, we are building a new reputation for CME and trust in our CME team.

We are looking forward to sharing our Lean-In experiences and discussing how we are changing the conversation and culture surrounding life-long learning, CME and CPD in our organization to move into a learner-centered and customer friendly model of delivery and support.

After successful participation in this session, learners will be able to:

- 1.) Summarize approaches for change management within CME Programs
- 2.) Assess progress of change for how CME is viewed within the organization
- 3.) Apply our experiences to one's own organization

THE LEARNING IS IN THE DOING: AN EVOLUTION OF INSTRUCTOR TRAINING FROM LECTURE TO PRACTICE

Rachel Poulin, MPH, Manager, Neonatal Resuscitation Program American Academy of Pediatrics

The Neonatal Resuscitation Program (NRP), an educational program of the AAP & AHA, teaches an evidence-based approach to resuscitation of the newborn.

Since program inception, new NRP Instructors were trained utilizing a “train-the-trainer” model and participating in an instructor course facilitated by an NRP Regional Trainer. Several factors made this approach unsustainable, and generated the need to restructure the instructor development process to better meet the needs of both new and current instructors. The new process includes online standardized learning for instructor candidates, and coteaching under the guidance of an instructor mentor.

WHERE MEDICINE MEETS PUBLIC HEALTH: A PARTNERSHIP AT THE INTERSECTION

Stacy Sattovia, MD, MBA, FACP, Associate Professor of Clinical Medicine, Medical Director of Continuing Professional Development Southern Illinois University School of Medicine

PROBLEM STATEMENT: Public health and medicine share their highest priority – positive outcomes for those served. The work of each discipline can be poorly understood by the other. We created a series of online modules “Where Medicine Meets Public Health (WMMPH),” with two completed and three more planned. The first module is “WMMPH: WIC (Women, Infants and Children)” and the second “WMMPH: Prediabetes.

APPROACH: A multidisciplinary team of state-level public health administrators, local public health and local healthcare providers identified important performance gaps (1. Illinois underutilizes WIC resources and 2. Prediabetes is under-recognized) and designed modules accordingly. For the WIC module, ten hybrid sessions were held. The module was viewed in groups and discussed with team members. Both modules are available through our academic website.

FINDINGS: The WIC module has reached 200 providers, significantly increasing knowledge of the program and confidence in referring patients. The Prediabetes module improved awareness of prediabetes by 71% and knowledge related to diagnosis and management by 31-52%.

IMPACT: Pre- and post-test results illustrate a positive impact on knowledge and confidence. Our team has a strong interest in population level outcomes. While there has not yet been an attributable increase in WIC utilization, results have inspired a research project studying efficacy of online modules vs. hybrid experiences vs. academic detailing for issues intersecting public health and medicine. Importantly, the immediate impact is creation of relationships between local healthcare providers and public health officials, who look forward to ongoing collaboration to achieve positive outcomes for those served.

FACTORS ASSOCIATED WITH LEARNER COMMITMENT TO CHANGE

Kimberly Northrip, MD, MPH, Director UK Healthcare CECentral

BACKGROUND: Research has demonstrated that CME learners who make a written Commitment to Change (CTC) are more likely to implement changes to their practice than those who do not. Very little is known about the factors that encourage a learner to commit to change.

RESEARCH QUESTION: Are there patterns in learner and activity related characteristics that lend themselves to higher CTC responses?

METHODS AND RESULTS: We conducted a retrospective observational study determining comparison trends across multiple profession, demographic and activity-type categories. Data was obtained from CECentral's and UNT's LMS for 3 consecutive calendar years starting in 2014.

The data set contained 68,365 evaluations from 26,508 students, of which 22.8% wrote a CTC. At both sites, CTC was more likely if the activity was enduring or charged a fee and less likely for an RSS ($p < 0.001$). CTC varied widely amongst profession and specialty with Allied Health (32.4-37.5%) and Health Education (36%) providers most likely to commit, Nurses (28.6%) and Physicians (23.9%) closer to the mean, followed by Pharmacists (14.9%) and Dentists (9.1%). The highest committing physician specialties included Geriatrics (50%) and Occupational Medicine (42.3%). Pediatrics (30.2%) and Family Medicine (28.9%) exceeded the physician mean, Surgery (22.1%) and IM (21.6%) were near the mean, and Radiology (15.7%) and Pathology (13.3%) were lower than average. Rates also varied by provider home state with lower rates in the southeast.

IMPACT: This descriptive data will both assist us in developing new research questions around CTC and serve as a baseline for future study.

SILENCING PATIENTS' VOICES: USING CRITICAL SOCIAL THEORY TO MAKE VISIBLE THE PARADOX OF PATIENT-CENTERED CARE IN CONTINUING PROFESSIONAL DEVELOPMENT

Rene Wong, MD, MMEd, PhD (Candidate), Research Fellow, Wilson Center for Research in Education

BACKGROUND: Patient-centered care (PCC) is widely considered as essential in chronic disease management. Literature on teaching patient-centered care (PCC) emphasizes experiential learning, reflection and communication skills. However little is known if and how power, authority and hierarchies influence how PCC is practiced and discussed in continuing professional development (CPD) activities.

METHODS: Using diabetes as a case, we conducted a Foucauldian discourse analysis of a textual archive of relevant policy documents, professional and educational texts, to explore the evolution, principles, and underlying assumptions associated with PCC in CPD. We also conducted in-depth interviews with a purposive sample of academic physicians to understand their experiences in providing and teaching PCC. We sought to understand: When does PCC emerge? How has it evolved? Whose interests do advocating and teaching PCC serve?

RESULTS: We describe two discursive constructions of PCC that paradoxically extend rather than oppose the reach of biomedical power. PCC as an intervention emphasizes knowing and relating to patients to improve adherence to treatment and achieve numeric targets. PCC as an implementation tool makes visible a mandate to consider patient values, preferences and choices as a step in applying clinical practice guidelines.

CONCLUSIONS: While models of PCC are adopted and taught with the best intentions, our analysis suggests they may affect clinical relationships in ways that ironically reinforce rather than challenge conventional, provider-centric paradigms. Our results challenge CPD providers to address elements of the hidden curriculum that impact how clinicians in practice perceive, value and ultimately practice PCC.

ABSTRACTS CONTINUED

EXPLORING POTENTIAL MECHANISMS FOR PROJECT ECHO KNOWLEDGE TRANSLATION: UNDERSTANDING THE “HOW”

Sanjeev Sockalingam, MD, MHPE, FRCP(C), Director, Continuing Professional and Practice Development for Psychiatry, Associate Professor University Health Network, University of Toronto

BACKGROUND & RESEARCH QUESTION: Project Extension for Community Healthcare Outcomes (Project ECHO©) is a growing hub-and-spoke tele-education model to bridge knowledge gaps between academic specialists and remote primary care providers (PCPs). Little is known about the mechanism for knowledge translation and CPD in this model. The current project aims to identify how ECHO supports knowledge translation through analyzing recorded tele-video-education data from Project ECHO Ontario Mental Health (ECHO-ONMH).

METHODS: Recorded ECHO-ONMH tele-education sessions were used (n=34) from one cycle. A qualitative thematic analysis informed by grounded theory was conducted sampling sessions across the ECHO cycle. Two individuals independently reviewed and coded education interactions related to case discussions during the ECHO sessions. Themes were generated through iterative analysis until saturation. Data analysis was triangulated by multiple members of the research team.

RESULTS: Data analysis to date identified themes related to adaptive expertise. Preliminary results show an increase in adaptive expertise teaching over the course of ECHO-ONMH cycle. Themes of knowledge most frequently transferred were Patient Encounter and System skills. Learning was observed to be bidirectional, from both the hub to spoke as well as amongst the spoke sites to support capacity building.

SUMMARY & IMPACT: Our study demonstrated a bidirectional exchange of knowledge in ECHO. The adaptive expertise conceptual framework emerged during the coding and mapped knowledge transfer across multiple clinical and systems sciences. These results identify a mechanism for knowledge exchange and can be used to inform best practices in implementation of Project ECHO.

A FRAMEWORK FOR UNDERSTANDING THE SURGEON EXPERIENCE OF LEARNING NEW SKILLS IN PRACTICE

Shay Seth, MD, MAEd, Resident University of Ottawa

BACKGROUND: Physicians regularly make changes in their practice to ensure they are providing high quality patient care. In surgery, this includes learning and safely implementing new skills, techniques and technologies. Surgeons must determine when they are ready to overcome the risks associated with adopting a new procedure.

RESEARCH QUESTION: This study sought to understand how surgeons experience risk when learning and integrating a new procedure into practice.

METHODS: A modified constructivist, grounded theory approach was utilized. Semi-structured interviews were conducted with eighteen purposively sampled surgeons and interpreted through constant comparative analysis. Emergent themes were identified and a conceptual framework was developed for understanding the surgeon experience associated with adopting and integrating a new procedure into practice.

RESULTS: Regardless of personal risk tolerance, surgeons described a similar approach to learning and implementing new skills. The experience of risk was one of several factors that affected their adoption of new techniques. They also described being influenced by individual, personality-driven factors, logistical considerations and the culture inherent to their institutional, professional and societal contexts.

IMPACT: A framework for understanding the individual surgeon experience when adopting new skills was constructed. The multifactorial interplay between a surgeon's willingness to engage risk, his/her motivations and the systemic and cultural factors that facilitate or hinder the implementation of a new surgical skill is at the core of this experience and varies among individuals. The framework highlights both the challenges that surgeons face in learning new procedures and the strategies employed to integrate new techniques while maximizing patient safety.

A MULTI-MODAL INITIATIVE TO INCREASE LONG-ACTING REVERSIBLE CONTRACEPTION AMONG ADOLESCENT WOMEN

Jennifer Seidel, MD, Medical Director for CME for Ob/Gyn, Regional Medical Director for Women's Health Colorado Permanente Medical Group; **Sharisse Arnold Rehring, MD, FAAP**, Director of Medical Education, Director of Pediatric Education Colorado Permanente Medical Group

PROBLEM STATEMENT: Did an educational and process improvement intervention increase LARC placement among adolescent women at Kaiser Permanente Colorado (KPCO)?

APPROACH USED: The educational initiative included needs assessment; journal clubs; interactive case-based education sessions; and "take home points". Primary care clinicians who received training on LARC were linked with a "mentor" gynecologist. Pharmacists and nurses contributed to development and dissemination of the initiative. The process improvement initiative included an implementation toolkit in the EHR (electronic health record) to facilitate prescribing, documentation, coding, consent and procedural setup; accessible on-line guidelines; and patient educational materials.

RESULTS/FINDINGS: LARC placement increased from 1.2 per 1000 primary care visits prior to the intervention to 10.1 per 1000 visits after implementation (relative risk = 8.4, $p < 0.001$). LARC placement increased comparably in clinicians who attended formal educational activities and those who did not. Pregnancy rates declined from 1.6 per 1000 women aged 13-18 per quarter in 2013 to 0.2 per 1000 per quarter in 2016, with a statistically significant further decline in pregnancy rates ($p < 0.001$) after the intervention.

BARRIERS AND FACILITATORS TO IMPLEMENTATION: Our initiative anticipated educational and logistical barriers within KPCO, utilizing existing infrastructure, enhancing convenience for patients, engaging front-line clinicians, and accommodating to clinical work flow.

IMPACT: A multi-modal initiative that combined principles of adult learning, behavior change, and system-based process improvement increased LARC placement by primary care clinicians. Although CME attendance did not increase LARC placement, the intervention may have become "contagious" to those who did not attend the educational activities through local opinion leaders, shared information tools, and peer influence within local communities of practice.

A NEURO-EMERGENT TELEMEDICINE PROGRAM AND PROVIDER EDUCATION IN RURAL NEW MEXICO

Howard Yonas, MD; Deirdre Kearney, MSN, RN; Kevin R. Smith, PhD; Debra Banks, MSN, RN; Elizabeth Muller, BSN, RN, CNRN; Sue McReynolds, MSN, RN-BC

University of New Mexico Health Science Center, Albuquerque

PROBLEM STATEMENT: There is a need to improve rural provider's confidence in emergency neurological care.

APPROACH USED: Access to Critical Cerebral Emergent Support Services (ACCESS) is a CMS innovation cooperative agreement providing telemedicine to address disparity in neurosurgical and neurological emergency care in rural New Mexico. A blended learning approach was created for rural providers (CMS defines providers as "anyone providing direct care to patient") including workshops, distance learning, grand rounds, Physician-to-Physician Outreach and an annual conference.

FINDINGS: Over 2000 consults in 12 hospitals from May 2015 – October 2017. Education summary: 912 participants with 2,096.75 Continuing Medical Education (CMEs) awarded. A Quarterly Provider Survey ($n = 468$); 16% Physicians/Midlevel Providers; 53% Staff Nurse/Telemedicine Coordinator; 31% other) evaluates provider experience with the ACCESS program. Selected survey responses, with greater than 75% of "strongly agree/agree", include: (1) I feel confident in my care to patients admitted with a stroke; (2) I feel confident in my care to patients admitted with mild brain injury; (3) I feel confident in providing care to a patient when consulting with another physician through telemedicine; and (4) Overall, telemedicine consultation has been effective in assisting me with delivering health care to patients.

IMPACT: Provider's report strong confidence with managing patients with stroke and minor brain injury, with interactions with telemedicine specialists and with the overall delivery of care to their patients. Program analysis will help correlate the benefits of provider confidence to improved patient's experience of care, improved population health, and reduced cost of health care.

ABSTRACTS CONTINUED

THE ROLE OF GRADUATE COURSES IN CONTINUING EDUCATION IN PROMOTING EDUCATIONAL SCHOLARSHIP AMONG HEALTH PROFESSIONALS

Savithiri Ratnapalan, MBBS, MEd, MRCP, FAAP, FRCPC, Professor University of Toronto, Hospital for Sick Children

BACKGROUND: At present the literature on the impact of teaching 'continuing education in health professions' is limited and literature on scholarly publications following such courses is suboptimal.

OBJECTIVES: To evaluate scholarly productivity of health professional learners from graduate courses teaching Continuing Education in the Health Professions (CEHP).

METHODS: Class lists of learners who participated in courses teaching CEHP from 2007- 2014 and their course assignment topics were obtained after institutional ethics approval. Learners' current positions were identified through Google Scholar searches and course work publications were identified through PubMed or EMBASE author searches.

RESULTS: There were 137 learners, with a male to female ratio of 3:7 consisting of physicians (75%) and other health professionals (25%). Approximately 50% completed both courses, 42% completed the CEHP course and 8% completed the Continuing Education Planning Management and Evaluation course. Sixty six percent of learners worked at academic centers, 20% at community hospitals or office practices and 5% were in senior leadership positions. Current positions were unidentifiable through public records in 9%. Sixty eight percent of learners (93 /137) published a total of 1050 articles in peer reviewed journals. Twenty six percent of learners (35 /137) published one or more papers based on their course assignments for a total of 54 papers; 80% were published within 3 years of completing the course.

CONCLUSIONS: Graduate level courses in continuing education for health professionals facilitate scholarly publications. Medical educators should encourage learners to upgrade their course assignments to be considered for publication in peer review journals.

PROFESSIONALS' UNDERSTANDINGS OF SELF-DIRECTED LEARNING IN THE CONTEXT OF DIGITAL, SOCIAL MEDIA AND MOBILE TECHNOLOGIES USE FOR CONTINUING PROFESSIONAL EDUCATION

Lisa Fleet, MA, DipAdEd, BEd, Manager, Research Office of Professional Development, Faculty of Medicine, Memorial University

BACKGROUND: Self-directed learning (SDL) is recognized by regulatory bodies as a way of meeting mandatory continuing professional education (CPE) requirements. Digital, social and mobile technologies offer new avenues for professionals undertaking CPE. Learners' understanding and experiences with using these technologies to meet CPE requirements is relatively underdeveloped. This research sought to explore this gap.

RESEARCH QUESTION: How do health and social service professionals understand and experience SDL as a way to meet CPE requirements in the context of a changing digital learning environment?

METHODS/RESULTS: As part of a four-phase, mixed methods case study, guided interviews were conducted with 9 physicians, 20 nurses, 4 pharmacists and 22 social workers. Interviews were transcribed verbatim and imported into NVivo. First-level coding by independent coders resulted in a 6-node structure, including one focused on definitions of SDL. Preliminary results of second-level coding of the SDL node provide insight into professionals' shifting understandings and experiences of SDL when using digital, social and mobile tools or platforms for undertaking CPE.

IMPACT: How health and social service professionals understand and experience SDL in the fast-changing digital learning environment has implications for mandatory CPE as a mechanism for ensuring ongoing professional competence.

CONCEPTUALIZATION AND OPERATIONALIZATION OF CERTIFICATION IN AMERICAN AND CANADIAN MEDICAL LITERATURE: PRELIMINARY FINDINGS

David Price, MD, Senior Vice President, ABMS Research and Education Foundation

BACKGROUND: Certification is instrumental to the integrity of medical specialty care. Certification can be defined as a designation that signifies an individual has achieved/demonstrated the knowledge, skills, judgment and competencies to be deemed a specialist in a field of medical practice. However, the lack of consistency in descriptions of certification is a hindrance to research in this area, particularly for exploring the relationship between certification and healthcare outcomes.

RESEARCH QUESTION: What is the nature, extent and range of the conceptualization(s) of certification within medical literature pertaining to the certification of individual physicians?

METHODS AND RESULTS: This scoping review was guided by the six-step methodology set out by Arksey and O'Malley. 88 articles were included in the dataset for analysis. 14 articles provided a referenced definition of certification in medicine. 6 articles defined maintenance of certification, 5 articles defined recertification, and only 3 articles provided a definition for initial certification. Thematic analysis was used to identify dominant themes in the definitions of certification in medicine. Significant variations were found in the definitions of certification; the variations and the dominant themes and terms in the definitions will be further discussed.

IMPACT: The inconsistency of definitions contained within the literature suggests more attention needs to be paid to the conceptual rigour of this term to advance the field. Clarity on the conceptualization of certification is required to position the field towards being able to effectively explore the links between initial and subsequent certification in medicine, and the processes and outcomes of patient care.

INNOVATIVE CONTINUING EDUCATION CURRICULA CAN HELP FILL THE GAP IN APPROPRIATE GERIATRIC AND PALLIATIVE CARE KNOWLEDGE, SKILLS AND ATTITUDE

Leticia Bresnahan, MBA, Director - Office of Continuing Medical Education, UT Health Science Center San Antonio

PROBLEM STATEMENT: Despite the aging population, traditional interprofessional healthcare education leaves a gap in appropriate geriatric/palliative knowledge, skills, and attitudes. Innovative CE curricula can help fill this gap.

APPROACH USED: The SAGE Symposium is a 3 day interprofessional CE conference aiming to improve geriatric and palliative knowledge, skills, and attitudes of front-line interprofessional providers. CE innovations included: 1) community needs assessment, 2) active skills sessions culminating in a health fair, and 3) multimedia based reflective exercise.

NEEDS ASSESSMENT (KNOWLEDGE): Current professional knowledge gaps and learning needs were assessed through a series of video interviews of local older community members describing their geriatric and palliative healthcare experiences.

SKILLS SESSIONS/HEALTH FAIR (SKILLS): Conference breakout sessions shifted from a didactic model to a skill sessions model. Skill sessions were the basis for an attendee run community senior health fair the last day of the conference.

REFLECTIVE EXERCISES (ATTITUDES): During breaks, participants had the opportunity to submit reflections on multimedia exhibits related to the content of the program. This stimulated reflection on inherent biases towards aging and end of life topics.

RESULTS/FINDINGS: Conference attendees (N=78; 53 physician, 9 nursing, 16 other) rated the conference 4.3/5. Needs assessment identified five previously untaught areas like insurance/patient advocacy. Participants' comments revealed the skill sessions/health fair were the highlight of the course, and the reflective exercises drew wide participation and feedback.

IMPACT: SAGE Symposium incorporates adult learning principles and enhances learner's experiences through a needs assessment, creation of active learning experiences with immediate practice opportunities, and reflective exercises.

ABSTRACTS CONTINUED

INCORPORATING THE PATIENT PERSPECTIVE INTO ACTIVITY PLANNING AND IMPLEMENTATION

Marianna Shershneva, MD, PhD, Senior Director, Educational Development and Research; CPD Evaluation and Assessment Specialist, Forefront Collaborative; University of Wisconsin-Madison; **Sydney Pate**, Educational Projects Manager, Forefront Collaborative

PROBLEM STATEMENT: Patients are uniquely qualified to recount burden and unmet needs in managing their disease. We will share our successful experience of bringing patient perspective into continuing education for clinicians in the areas of psoriasis/psoriatic arthritis and headache.

APPROACH USED: We invited patients onto the curriculum development panels, integrating their voices into the planning process. Subsequently, the patients presented with medical and scientific experts at live activities. During each activity, a faculty member interviewed a patient and took learners through the patient's diagnostic and treatment journey, outlining the real-world challenges to obtaining effective treatment.

RESULTS: 200 clinicians participated across three activities. Participants were highly satisfied with the education; one wrote, "Excellent—love the patient involvement." 90 of 120 (75%) clinicians planned practice changes.

BARRIERS AND FACILITATORS TO IMPLEMENTATION: We identified patients eager to share their story in order to improve continuing medical education. They spoke eloquently about their first-hand experiences of delays in diagnosis and misdiagnosis, delays in effective treatment, social isolation from loved ones and at work, and discovering comorbidities. However, patients needed training to stay on topic with points relevant to learning objectives and to maintain high standards of independent and fair-balanced education. Enthusiastic faculty and rehearsals were also essential for success.

IMPACT: The patient's perspective informed the medical content, highlighting disease burden that may be overlooked by clinicians, such as delays in diagnosis and the psychological toll of chronic illness. It is necessary for education planners to give patients a voice in clinician education.

EFFECTING PRACTICE CHANGE THROUGH VIRTUAL DERMATOLOGY CME AND TELE-MENTORING

Mirna Becevic, PhD, Assistant Research Professor, University of Missouri

PROBLEM STATEMENT: Staying current with the growing volume of dermatologic scientific evidence-based literature may be challenging for isolated rural primary care providers (PCPs) facing barriers such as lack of time due to workload concerns.

APPROACH USED: Project Show-Me ECHO (Extension for Community Healthcare Outcomes) provides tele-mentoring and CME-approved dermatology didactics to participating PCPs in Missouri. Dermatology ECHO is a live-interactive distance education platform. The weekly case-based learning program is facilitated by a specialty team consisting of general and pediatric dermatologists, a dermatopathologist, and a clinical psychologist.

RESULTS/FINDINGS: A total of 70 Dermatology ECHO sessions were held from 10/1/15 to 9/30/17, with 105 unique participants, and 210 case presentations. Most case presentations (69%) were regarding adult dermatology. Of all case presentations, most diagnoses (29%) were dermatitis and hypersensitivity, and least (1%) were sexually transmitted diseases.

BARRIERS AND FACILITATORS TO IMPLEMENTATION: Barriers identified include program awareness and PCP recruitment. ECHO is a novel virtual guided practice model and more education is still needed to advance provider recruitment.

Main facilitators include the support from Dermatology specialty and operations teams. Dermatology team members are available for mentoring during and in between ECHO sessions via phone and email. The operations team ensured minimal to no videoconferencing disruption during sessions.

IMPACT: Dermatology ECHO enables timely and quality access to specialty care for rural and underserved patients by increasing capacity of local PCPs to treat and manage complex conditions. PCPs reported changing their practices to include skin cancer screening for high-risk patients resulting in three early melanoma diagnoses.

USING STANDARDIZED LEARNERS TO ENHANCE FEEDBACK SKILLS IN CLINICAL TEACHING

Nancy A. Davis, PhD, Associate Dean, Faculty Development, University of Kansas School of Medicine

PROBLEM STATEMENT: While providing learners real-time feedback in clinical teaching is essential, many faculty lack the experience to be effective.

APPROACH USED: We created a CPD activity where Family Medicine residents were trained as standardized learners who receive feedback in a clinical learning scenario. Faculty participants received a didactic session including a four-step effective feedback algorithm. In the Standardized Patient Lab, participants practiced with standardized learners using a scenario (eg. the resident who offers excuses for poor performance; the angry resident; etc). Standardized encounters were video-recorded and observed by trained faculty. A debriefing with observers allowed participants to recognize deficiencies and develop a plan for improving their skills. A three-month follow up survey demonstrated sustainability of these skills.

RESULTS/FINDINGS: A three month post-activity survey following pilot activity showed most participants were using the four-step feedback method; most indicated they had used it 5-6 times since the training; all reported some improved confidence level in giving feedback; and all indicated they would recommend the four-step method to others.

BARRIERS: This initiative is very resource intensive for training residents as standardized learners; taking faculty and residents away from their work for half-day workshop; and having training and observing faculty available. Each session is limited in number of faculty participants causing difficulty in scaling to all faculty.

IMPACT: Despite resource constraints, the return on investment is high for participants. We hope to create a train-the-trainer concept so that the four-step feedback method can be disseminated more efficiently throughout our GME program.

CAN CME IMPACT A NATIONAL HEALTHCARE CRISIS AND HOW WILL WE KNOW?

Julie White, MS, CHCP, Director, The Barry M. Manuel Office of Continuing Medical Education, Boston University School of Medicine; **Suzanne Murray**, CEO and Founder, AXDEV Group

BACKGROUND: In 2012, to counter the opioid morbidity and mortality crisis, the US Food and Drug Administration (FDA) mandated a Risk Evaluation and Mitigation Strategy (opioid REMS) requiring manufacturers of extended release/long acting (ER/LA) opioids to fund continuing education. As of March 2017, the opioid REMS program has reached over 400 000 participants, including approximately 115 000 ER/LA opioid prescribers. Boston University School of Medicine's Safe and Competent Opioid Prescribing Education (SCOPE of Pain) is the longest running program.

RESEARCH QUESTION: How can we determine if CME involvement in the FDA opioid REMS program was successful?

METHODS, RESULTS: A repeated measures, self-reported, outcome assessment plan (up to Moore's level 5) was developed to assess changes in clinicians' knowledge, attitudes, confidence, intent to change and self-reported change in clinical practice as a result of participating in the SCOPE of Pain.

As of November 2017, SCOPE of Pain has reached over 115 000 participants, among which 21% (over 24 000) were ER/LA prescribers. Post-assessment and 2-month post follow-up (response rate 8.2%) found significant improvements in knowledge, attitudes, confidence and self-reported clinical practice in safe opioid prescribing. Detailed results will be presented.

IMPACT (SO WHAT?): Despite small response rates, improvements in knowledge, attitudes, confidence and self-reported clinical practice offer indicators that CME involvement in the opioid REMS program has been somewhat successful. However, small scale projects, deployed locally, with a more robust assessment design, including patient data, would help demonstrate more clearly the direct impact of CME activities on safe opioid prescribing.

ABSTRACTS CONTINUED

PROBLEM-BASED LEARNING 2.0 : AN INNOVATIVE APPROACH TO CLINICAL AND PROFESSIONAL DEVELOPMENT APPROPRIATE FOR FACULTY AND RESIDENTS

Cynthia Carmichael, MD; Camille Dennard, MPH, Senior Consultant - Regional Health Education, Kaiser Permanente

Developing interactive and engaging education programs that lead to actual practice change, continues to pose a challenge for the medical education community. The hybrid problem-based learning/practice inquiry format was developed within our organization as an active learning strategy to address the clinical needs of our practicing family physicians. A learner-centered approach, the problem-based learning/practice inquiry model allows participants to grapple with complex, multifaceted, and realistic problems from their day to day practice. Working in groups and guided by a facilitator and content expert, learners identify what they know, what they need to know, and how and where to access new information. The structure and model creates a safe environment for coping with uncertainty, creates strategies for problem solving, and collectively develops best practices. Peer-based learning values the knowledge, experience, and contribution of all participants, thus building collegiality while increasing the confidence and perceived self-efficacy of the individual learner. Participants leave this activity with specific resources, workflows, and clinical guidelines that they can implement upon returning to their practice.

Upon completion of this session, participants should be able to:

1. Articulate the value and rationale for the hybrid model.
2. Identify the components of problem-based learning, practice inquiry and the hybrid model.
3. Incorporate components of the hybrid model into local education sessions.

BUILDING VIRTUAL COMMUNITIES OF PRACTICE TO EDUCATE PROVIDERS IN REMOTE AREAS IN SUB-SAHARAN AFRICA, ASIA AND THE AMERICAS TO ADDRESS PRESSING PUBLIC HEALTH CHALLENGES

Bruce Struminger, MD, MAEd, Associate Professor of Medicine, Division of Infectious Diseases, University of New Mexico

PROBLEM STATEMENT: Pressing global health challenges, including HIV and TB, are concentrated in parts of the world often hampered by poor access to quality medical care and continuing professional development. Shortages of trained experts in remote locations limit access to evidence-based best practice care.

APPROACH USED: The ECHO (Extension for Community Healthcare Outcomes) model leverages a videoconferencing platform to create a virtual community of practice connecting national or regional experts with local primary care providers, for case-based learning, sharing of best practices, and monitoring of outcomes. Cross discipline and multi-sector collaboration is increased between public and private partners including governments, academic medical centers, and the private sector.

RESULTS/FINDINGS: Numerous ECHO programs have been successfully implemented in many contexts in Sub-Saharan Africa [Namibia, Kenya, Uganda, Tanzania], Asia [Vietnam, India, Kazakhstan] and Latin America [Argentina, Uruguay, Mexico] to support continuous in-service education and training of providers (e.g. doctors, nurses, pharmacists, social workers, community health workers, laboratorians, HIV rapid testers) in remote areas. By 2018, more than 30 African Union Member States will be participating in an Africa CDC Public Health Information Sharing ECHO to strengthen implementation of the International Health Regulations.

BARRIERS AND FACILITATORS TO IMPLEMENTATION (IF APPLICABLE): Stable internet connections for all participants are a prerequisite for successful implementation. Knowledgeable IT staff is important to find optimal solutions.

IMPACT (SO WHAT?): Providers in limited resource countries around the world are able to access knowledge and best practices from national and international experts and via peer-to-peer learning while earning CPD credits, and remaining in their communities.

MORE THAN A TEMPLATE

Stacy Sattovia, MD, MBA, FACP, Associate Professor of Clinical Medicine, Medical Director of Continuing Professional Development Southern Illinois University School of Medicine

PROBLEM STATEMENT: Nationally, only 25% of patients with depression and other common mental health disorders receive effective care. Screening is pivotal. Within our partnering healthcare system, only 20% of eligible patients in the outpatient setting were screened for depression from 2014 to 2016. Depression precipitates high healthcare costs, substantial losses of productivity and increased risk for morbidity and mortality.

APPROACH USED: A team including a Lean Six Sigma expert, population health medical director, psychiatrists and behavioral health consultants created an EHR template with embedded diagnostic and management algorithms. Primary care providers attended an evening session facilitated by the population health medical director and psychiatrist. The 3-hour activity was case-based and included live, simulated patient visits to introduce the providers to the template and algorithms. Continuing education credit was awarded. Over the next 9 months, individual and organizational screening rates were provided regularly to providers. PI-CME credit was also awarded to a small cohort that completed the required reflections.

RESULTS/FINDINGS: Screening rates using an annual PHQ-2 assessment for depression increased from 20% to 96% in 14 months. For patients with a positive PHQ-2, utilization of a follow up PHQ-9 increased from 22% to 91%. In addition, 31.2% of patients with follow up PHQ-9 assessments experienced clinically significant improvements in their PHQ-9 scores.

IMPACT: A robust system-wide quality improvement initiative with embedded continuing education credit resulted in increased depression screening. Increased screening rates resulted in meaningful outcomes for patients with depression.

LEADING STRATEGIC CHANGE: ENGAGING FACULTY TO CREATE A COLLECTIVE VISION FOR CPD AT THE UNIVERSITY OF TORONTO

Suzan Schneeweiss, MD, Associate Dean Continuing Professional Development, Faculty of Medicine, University of Toronto

PROBLEM STATEMENT: To engage faculty in creating a shared direction through a strategy development process for CPD at the University of Toronto, Faculty of Medicine.

APPROACH USED: A 5-year report was developed reflecting on achievements and challenges. A strategic planning committee was formed with broad representation across the faculty of medicine including CPD leaders from clinical departments including medicine and allied health, postgraduate medical education, administration, Indigenous health, research and quality improvement. A needs assessment survey was disseminated to key stakeholders to identify future directions and priorities. Four key priority areas were identified: Leadership, innovation, scholarship and community engagement. Results of the needs assessment were used to guide the development of a strategic planning retreat. The retreat engaged internal and external representatives from the CPD community, as partners for advancing CPD. Narratives of successes in innovation and scholarship were used to inspire and engage participants. Generative questions in small groups were used to develop new ideas across each of the key priorities. Following the retreat, working groups were created to synthesize ideas, develop goals, objectives and action plans.

RESULTS: The CPD community was engaged to better understand foundational strengths and aspirations and develop a shared vision, strategic priorities and initial actions. The strategy development process was an opportunity to create conversations, relationships and engage the CPD community.

IMPACT: A generative approach with early engagement of faculty and stakeholders are key factors in creating a renewed sense of purpose for the CPD community and an adaptable strategy.

ABSTRACTS CONTINUED

ADDRESSING PATIENT SAFETY IN PREPARATION FOR INTERNSHIP

Thomas Riles, MD, Executive Director, NYU School of Medicine

PROBLEM: Junior residents' ability to recognize and appropriately respond to acute medical situation is a critical component of patient safety. Most (64.5%) of our entering residents reported that they had not received formal safety curriculum in medical school. Because it is an institutional priority, we sought to design an educational program to better prepare our incoming residents for their role in patient safety and struggled with: a) the volume of material that needed to be covered and b) time limitations.

METHODS: Recognizing incoming residents are eager to prepare for residency, but are usually unavailable until the few days before starting, the program included remote e-learning and a group activity during orientation that involved simulation and small group sessions. Five web-based modules designed to address the assessment and management of acute patient conditions such as dyspnea, hypotension, and abdominal pain were assigned to incoming interns in Surgery (15), Internal Medicine (78), Neurology (20), Emergency Medicine (15), Orthopedics (15), OBGyn (11) and Neuro Surgery (3). The residents rotated in groups through both a series of simulations where they took turns taking the lead and case discussions with patient safety experts. The emphasis was the residents' role in identifying issues and reporting problems to appropriate individuals. At the conclusion the trainees were given a safety kit including safety guidelines and important contact information.

RESULTS: Of the 147 participants, 95.5% felt the Patient Safety Orientation Program increased their comfort in reporting and/or escalating a safety situation to a senior: 93.4% reported the e-learning modules helped increase their readiness for residency. Overall, 98.5% rated the Patient Safety Orientation Program an effective and engaging way to learn about patient safety.

CONCLUSION: The period between the residency match and commencement of house staff responsibilities is the ideal time for prospective interns to focus on patient safety issues. E-learning prepares them for the simulation and small group exercises during the orientation. This program demonstrated the institutions commitment to safety and was efficient and very well received by trainees. Ongoing follow-up studies will assess the impact of this program on patient safety outcomes.

CME AS PART OF A STATE-WIDE PUBLIC HEALTH OPIOID PRESCRIBING INTERVENTION

Kimberly Northrip, MD, MPH, Director UK Healthcare CECentral

PROBLEM: Years of overprescribing have resulted in opioid overdose becoming the leading cause of preventable deaths in America. According to an American Medical Association (AMA) 2016 survey, only half of all physicians have taken continuing professional development (CPD) activities on managing pain with opioid alternatives.

APPROACH: In 2012 Kentucky passed a comprehensive law regulating the prescribing of controlled substances and requiring ongoing CPD in opioid prescribing and abuse. UK Healthcare CECentral partnered with the Kentucky Office of Drug Control Policy (KODCP) to provide CPD that met needs identified by that office's ongoing data collection.

RESULTS: Since the initiative began in 2012, CECentral has provided opioid training to 8893 individuals: 5877 physicians, 89 PAs, 1527 APNs, and 742 Dentists. Of those, 5877 committed to change their practice.

Between 2012 and 2016, Kentucky has seen a 240% increase in Buprenorphine/Naloxone prescriptions, a 13% decrease in opioid prescriptions, and a 173% increase in prescribers requesting controlled substance reports on their patients.

BARRIERS/FACILITATORS: Partnership with a state organization facilitates CPD as a public health intervention by integrating it into a comprehensive state-wide approach, targeting content to real-time needs, and easing statewide course dissemination and data collection. KODCP collects extensive data on opioid prescribing and overdose deaths which can be used to both measure the impact of the intervention and plan new approaches.

IMPACT: A combination of legislation and CPD has begun to change prescriber behavior in Kentucky. However, opioid prescription rates are still high, requiring our partnership to continue to address barriers to responsible prescribing.

INSIDE CPD: INCREASING OUR SLUGGING PERCENTAGE

Christine Flores, MPH, Administrative Director, Oregon Health & Science University

PROBLEM STATEMENT: Academic clinicians are pulled in many directions – including patient care, quality improvement, education and scholarly activities. On top of this they are tasked with maintaining licensure and board certification, often perceiving these endeavors as taking them away from their clinical and academic missions. This project aims to align these varied activities such that faculty can get “extra base hits”.

APPROACH USED: This 8-session multidisciplinary, project-based evidence-based practice (EBP) course will build participants’ knowledge and skills to make system-level changes with the aim of improving quality with evidence. Multidisciplinary teams will develop and implement EBP projects during the course, will receive CME and MOC II credit, and will work with course faculty to develop scholarly products from their course projects.

RESULTS/FINDINGS: Course topics were submitted by teams and selected by hospital’s quality leadership committee based on strategic organizational priorities. Nine multidisciplinary teams have been accepted. Example of topics selected include migraine management, safe opioid prescribing in surgical patients, and smoking cessation. By the time of conference, we anticipate data to present on EBP project outcomes and participants’ feedback on course evaluation.

BARRIERS AND FACILITATORS TO IMPLEMENTATION: We are pursuing options to offer MOC IV to participants as well. Barriers include the varied requirements by individual specialty boards, and limited resources and access to the institution’s multispecialty portfolio program.

IMPACT: CPD offerings that align improved patient care and quality, maintenance of licensure and certification, and scholarly projects will be valuable to faculty by increasing efficiency and clinician satisfaction.

LEARNING ACCOMPLISHMENTS RESULTING FROM REGULARLY SCHEDULED CONTINUING MEDICAL EDUCATION SERIES (RSS) - A QUALITATIVE STUDY (*work in progress*)

Jack Dolcourt, MEd, Director of Education Development and Research, Vanderbilt University Medical Center

BACKGROUND: In 2007, AHRQ called for more research to determine which types of media, techniques, exposure volumes, & audience characteristics are associated with improvements in CME outcomes. ABMS, IOM, and AAMC have divergent sets of core competencies, but correlation with actual learning outcomes is unknown.

RESEARCH QUESTION: From the series directors’ perspective, what are the resulting learning accomplishments?

METHODS, RESULTS: We asked 113 AY2017 RSS series directors to retrospectively analyze their learners’ commitment to change statements (CTC) for what content this series covered over the past year that had a measurable impact on patient outcomes or provider performance? The IRB deemed this study exempt. All data were deidentified. Based on the 95 who responded, the authors used line-by-line microanalysis to code 48 themes that emerged, clustered into categories and sub-categories, which were fit into a rearrangement of the ABMS, IOM and IPEC competencies frameworks: patient centered care & procedural skills, medical knowledge, interpersonal & interprofessional communication skills, work in interdisciplinary teams and teamwork, and system based practice. No accomplishments were ascribed to 3 competencies: values & ethics for interprofessional practice, interprofessional roles & responsibilities, and professionalism. We identified 5 new categories: research, GME, patient satisfaction, wellness, & career development. QI/Practice-based learning & improvement cut across the categories of patient-centered care & procedural skills, and GME training.

IMPACT: This qualitative analysis from the perspective of the series directors illuminates accomplishments oriented to a medical school/healthcare system population of learners. Previously defined competencies, either separately or together, do not fully characterize all the areas where learning takes place. Evolution in healthcare delivery and training expectations makes it important for CPD to keep addressing pertinent knowledge, skills and attitudes. Categorizing what content medical school experts deem valuable is one step along that pathway.

ABSTRACTS CONTINUED

INNOVATIVE TELEMENTORING FOR DIABETES WORKFORCE EDUCATION: ENDO ECHO

Jessica Kirk, MSN, RN, CPN, CDE, Nurse Manager, University of New Mexico

PROBLEM STATEMENT: Large knowledge gaps are seen in diabetes management education in primary care and other settings. New evidence-based best practice is not effectively reaching community practitioners, particularly in rural and medically underserved communities.

APPROACH: The Endocrinology TeleECHO session, an innovative telementoring program for healthcare professionals, was launched in 2014 at the University of New Mexico Health Sciences Center to fill considerable gaps in complex diabetes management expertise. Comprehensive continuing education teleECHO sessions for clinicians and healthcare paraprofessionals who practice in rural and underserved communities take place weekly by means of video conferencing technology. Case-based learning, brief mini-lectures, and guided practice are incorporated into the inter-professional program that helps improve complex diabetes management in the primary care setting.

RESULTS: Between November of 2014 and October of 2017, 154 Endocrinology TeleECHO clinics were held, with 4,470 total instances of participation representing 369 unique individuals and 1,337 continuing medical credits, 146 continuing pharmacy education credits, and 728 continuing education units awarded. Focus group analysis of 10 participants detailed experience and practice changes.

DISCUSSION: Endo ECHO is a successful continuing professional development program. The telementoring model closes the large knowledge gap in diabetes management education seen in primary care and other settings; Expertise is delivered by implementing effective, evidence-based, and work-based education for diverse health professionals. Endo ECHO serves as a high impact collaborative care model.

NOVEL APPROACH TO DELIVERING CONTINUING MEDICAL EDUCATION MATERIAL AND CREDIT CONCERNING OPIOID PRESCRIBING PRACTICES

Leslie Fowler, MEd, Director of Education Development and Research, Vanderbilt University Medical Center

PROBLEM STATEMENT: A need to improve opioid prescribing practices and management of acute pain through non-opioid adjuncts exists. However, the best method to deliver education to busy healthcare professionals in order to improve clinical practice is unknown.

APPROACH USED: We investigated the use of spaced education delivered through a smartphone app (QuizTime©) as a means to improve knowledge acquisition and delivery of care. A daily multiple choice question pertaining to opioids and non-opioid adjuncts was sent via SMS text to 56 participants over 2 months. A detailed explanation accompanied each QuizTime question. For every 10 questions completed, one hour of CME was granted.

RESULTS: Of the 2,008 questions delivered, 75% were opened, 83% answered and 59% answered correctly (of those attempted). With no other intervention ongoing, the scheduled use of non-opioid adjuncts for inpatients Cesarean delivery (CD) doubled during the intervention period (Pre 17% v. Post 34%); PreQT: N = 851 patients; PostQT: N = 454 patients.

BARRIERS AND FACILITATORS: Barriers to reaching the full potential of QuizTime include a comprehensive understanding of engagement with the educational content and further investigation of knowledge acquisition and application to clinical practice by the end user. The QT2.0 platform containing adaptive learning functionality, user dashboard, and learning progression indicators may facilitate participant usage and allow for analysis of these barriers.

IMPACT: The QuizTime application, utilizing spaced education methods for targeted delivery of critical prescribing practices to clinicians has potential to impact: 1) process improvement with opioid prescribing practices, 2) promotion of learning-based practice improvement and most importantly, 3) improvements in patient care.

ACADEMIC DETAILING FOR BEHAVIOR CHANGES IN PHYSICIANS PRESCRIBING FOR CHRONIC PAIN DISORDERS

Robert L. Rhyne, MD, Professor, Family and Community Medicine, University of New Mexico Health Sciences Center

PROBLEM STATEMENT: Prescription opioids were involved in 15,000+ deaths in 2015, and opioid overdoses quadrupled since 1999. Providers in New Mexico need to learn best practices for managing pain patients while observing CDC guidelines and Medical Board regulations for opioid prescribing. What combination of continuing professional development (CPD) methods best meets the learning needs of clinicians?

APPROACH USED: We expanded the concept of academic detailing (AD) by incorporating practice facilitation and adaptive learning into an innovative, individualized, interactive CPD curriculum on chronic pain and safe opioid prescribing. We determined learning needs, then used a clinical algorithm approach with interactive case vignettes, presentations, and practice transformation discussions.

RESULTS/FINDINGS: Clinician learners were more confident in managing chronic pain and prescribing opioids properly. As word spread, we entered into two contracts with state agencies to train all opioid prescribers in the state. Our team held over 16 academic detailing workshops across the state, reaching over 256 providers, and providing 1244 hours of CME.

BARRIERS AND FACILITATORS TO IMPLEMENTATION: An adaptive educational process kept the curriculum and tools relevant to the needs of the participants over time. Matching the curriculum to a five-hour licensing requirement helped recruitment. Limiting the number of participants per session was a barrier to wider implementation.

IMPACT: Combining AD with practice facilitation and adaptive learning changed clinician behavior. The results created a large demand for the CPD program among state institutions and clinicians, and stimulated interest in developing a critical mass of ADers for CPD in safe opioid prescribing.

THE CHILD READY PROGRAM: REGIONALIZATION OF PEDIATRIC EMERGENCY CARE IN RURAL AND TRIBAL AREAS THROUGH COMMUNITY ENGAGEMENT, TELEHEALTH AND PREVENTION

Robert Sapien, MD, MMM, Distinguished Professor, Emergency Medicine and Pediatrics, University of NM Health Sciences Center

BACKGROUND: Caring for acutely ill or injured children can be stress-inducing for medical providers. Access to pediatric emergency specialty care is limited as pediatric emergency clinical services are concentrated in urban areas. The Child Ready Program believes that not only medical providers, but also the entire community must prepare.

METHODS: Child Ready utilized a community engagement approach to help seven rural and tribal, and two urban, underserved communities self-assess level of preparedness. Three themes emerged: 1. New model of regionalization; 2. Telehealth; and 3. Prevention activities. To these means, we constructed a Child Ready Virtual Pediatric Department (CRVPedED) Telehealth network that offers direct patient consultation and continuing education to rural and tribal providers. For prevention, we built an injury prevention app that is available for Android and Apple platforms in English and Spanish.

RESULTS: Nearly 50 telehealth consults have been conducted thus far, with only five resulting in patient transfer. This has saved over 12,000 patient-miles and over \$1M health care system dollars. More than sixty continuing education sessions have been delivered. The home safety app has been downloaded over 2400 times in 10 countries.

IMPACT: Through a community engagement process, communities self-assessed their level of preparedness for the acutely ill or injured child, and identified modalities of regionalization to enhance access to care for their children. The CRVPedED Telehealth Network has demonstrated significant financial and patient-mile savings as children remain in their community for care. It has also provided significant continuing education outreach. The home safety app has global downloads.

SAVE THE DATE

2019 SACME ANNUAL MEETING

February 26 - Preconference Sessions
February 27 - March 2, 2019



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