The Society for Academic Continuing Medical Education
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INTERCOM

THE SOCIETY FOR ACADEMIC CONTINUING MEDICAL EDUCATION

SACME 2005 Spring Meeting

April 14-17, 2005 at Lakeway Inn Conference Resort, Austin, Texas

The 2005 Spring SACME meeting will be held at the Lakeway Inn Conference Resort at Lake Travis near Austin, Texas April 14 – 17, 2005. The host for the meeting is Texas Tech University Health Sciences Center. Along with an engaging program, attendees will be able to take advantage of a multitude of recreational and leisure time activities. Some of the many activities available include golf, sailing, fishing, outlet mall shopping, visiting Texas historical sites such as the LBJ library, Texas State Capitol and the museum of Texas History, as well as visits to nearby Fredricksburg, a German town offering food, antique shopping and German culture. Attendees can also take advantage of the night life along Austin's infamous 6th Street. The Thursday evening reception will feature musical entertainment from Lubbock-based Blue Prairie and lots of traditional Texas fare.

The program for the meeting will highlight important issues in academic CME to include:

- Strategies for Resolving Conflict of Interest,
- Faculty Development for CME,
- ABCs of RSCs,
- Evaluation Development for Grant Applications,
- Presentations of the latest Research in CME and other Best Practices.

Rounding out the program will be a session on Hot Topics and a Town Hall meeting.

More information about the Spring meeting can be found on the SACME Web Pages at www.sacme.org where you can also find registration forms and information for hotel reservations.

In This Issue

Summer Institute for CME Research 2005

June 25 - 29, 2005 at Dalhousie University Office of Continuing Medical Education, Halifax, Nova Scotia, Canada

The **SACME Research Institute** is a versatile program designed for both novice and experienced CME researchers. It enables participants to select learning activities at their own level of research skill and knowledge. The program offers:

- Morning presentations on the core principles and processes of educational research
- Afternoon discussions and workshops to explore topics in depth and practice skills
- Mentoring with skilled researchers about participants' proposals or studies
- An opportunity for participants to develop their own research proposals and studies.

Participants can choose to attend all presentations and workshops, or attend some and use the remaining time to work on a personal proposal or project, with a mentor if desired.

For more information and registration forms, please visit the SACME web site http://sacme.org.

If you have questions, please feel free to contact the Institute organizers:

- Joan Sargeant MEd, Dalhousie University Office of CME; Ph: 902-494-1995; joan.sargeant@dal.ca
- Craig Campbell MD FRCPC, The Royal College of Physicians and Surgeons of Canada; Ph: 613-730-6267; ccampbell@rcpsc.edu
- Michael Allen MD, Dalhousie University Office of CME; Ph: 902-494-2173; michael.allen@dal.ca

From the President

By Craig M. Campbell, M.D.

The past decade has witnessed a proliferation in maintenance of certification or re-certification systems throughout the world. Most of these systems are based on a credit system linked to participation (hours spent) in continuing medical education activities that meet defined standards. The goals of engaging in these accredited continuing medical education activities is to enhance knowledge and skills to enable physicians to improve their performance in practice and contribute to improved health outcomes for patients. Unfortunately, the research evidence in continuing health education has demonstrated only a limited link between participating in accredited group CME activities and improvement in physician performance and an even more limited effect on health care outcomes.

While there are significant difficulties in how research in CME has been conceptualized and studied, there is a growing concern that we are trapped in a system focused more on "counting credits" from participating in CME than what physicians have learned that will enhance their practice. As providers of CME, we are caught in a dilemma. The credit system requires physicians to earn a certain number of credits. Physicians have turned to and expect CME providers to produce the courses that will qualify for these credits and the accreditation system defines the increasingly complex set of regulations that CME providers must adhere to, that enables them to provide accredited activities. In spite of two decades of research within this paradigm there continue to be significant gaps in the quality of care provided to patients. The adoption of guidelines or best scientific evidence by physicians varies significantly and more recently there are growing concerns regarding the funding of CME and the influence of the pharmaceutical industry.

A recent article by Dr. Nancy Davis and Charles Willis in the Journal of Continuing Education in the Health Professions (Vol. 24, No. 3, Summer 2004) has challenged us to re-examine our current system and its assumptions. The dilemma inherent in the recognition of other valid educational options including self-directed learning cycles, various quality improvement activities directed at individual practices, self-assessment programs and the Internet, is that counting hours is not the most ideal method of measuring the impact of these activities on practice improvement. Davis and Willis argue that while CME credit has historically served as a proxy for the acquisition of new knowledge the "new CME is not measurable in hours. The amount of time it takes to effect change is not important to measure. Answering a clinical question at the point of care may take a few minutes. Implementing a quality improvement project in practice may take months". The change in physician behavior that leads to improved practice and outcomes is the important metric. The article goes on to advocate for a new model or metric of CME based on the relative value of CME in changing physician behavior. Davis and Willis identify 5 levels of CME ranging from participation in traditional CME to measured patient outcomes that enable physicians to "demonstrate and document change in knowledge, competence or performance".

The leadership of the Society carefully considered the above issues and decided to proactively initiate a meeting of the ACCME, AMA, AFP, and CMSS in San Francisco in January to discuss the following questions:

Intercom

SACME Listserv: sacme@lists.wayne.edu.

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The views expressed in *Intercom* are those of the authors and are not intended to represent the views of SACME or its members.

1. What would a CME system look like if it were not based on credits linked to hours from participating in CME?
2. How would this new CME be recognized through the current credit system?
3. How would the role of providers of continuing medical education change and be recognized by the ACCME?
4. What research would we require to enable us to make the transition?

It is our hope that these initial discussions will enable us to create a collaborative network of key organizations that will facilitate the development of pilot projects that will study how the "new CME" can be integrated within the current credit system as the first step in transforming the current CME system into one that is focused on facilitating evidence based practice.

I wanted to take this opportunity to wish each of you a very happy, healthy and rewarding new year! I know that 2005 will be a very challenging and productive year in the life of our Society. The planning for our Spring 2005 conference is well under way. The list serve summary from 2004 recently posted on our web site is a wonderful example of how members of the society effectively share their issues, perspectives, experiences, and practices as members of a 'community of practice'. Our membership is actively participating in various national forums and discussions that will influence the face of CME in the future. Our commitment to excellence in CME is serving us well as we introduce innovations into our practices and contribute to the research literature on continuing health education. I look forward to seeing each of you in the heart of Texas in April!

2004 Fall Meeting Highlights









Fall SACME Research Workshop in Review: Fundamentals of Successful Grant Proposals

By Jack Kues, Ph.D.

The Fall Research Workshop was focused on finding sources of grant funding and writing successful proposals. As members of an academic society and CME providers we are in an ideal position to develop innovative education and conduct research. For the most part, none of us have budgets that allow us to do these things without additional outside funding. Grant opportunities from both governmental and foundation sources exceed $50 billion dollars. Grants for education are approximately $10 billion and non-research funds for health professions are close to $1 billion. So where is this money? Finding grant opportunities and especially those that match your project can be a challenge. In addition to governmental sources that you may be familiar with, there are over 65,000 grantmaking foundations in the United States alone.

Finding the right funding source for your project is a little like finding a spouse. You want to have a lot in common with the organization from which you're seeking money. They should have similar goals and interests. You can also get a feel for the organization by reviewing descriptions of grants that they have funded in the past. It is generally not advisable to apply for a grant that requires you to be someone you're not or to do something that you really don't want to do. There are a number of convenient resources that can help you identify funding sources that might be a good match for you. Most of these resources are available online. Anne Taylor-Vaisey has placed a number of very valuable governmental and non-governmental links on the Society's web site (www.sacme.org). Many institutional and public libraries also have staff that specialize in grant resources. There are also a number of enterprises, like The Foundation Center, that provide a wide range of resources and services for a fee.

Once you have identified one or more likely funding sources it is very important to make some initial contact with them prior to submitting a grant proposal. Most funding agencies and foundations have program officers or contacts. It is their job to answer questions and to help applicants submit the best possible proposal. They are typically not part of the grant review process so they can feel free to provide as much help as they can. Many program officers will read and critique a short abstract of your project proposal if you give them enough lead time.

Writing the proposal is the final, and often easiest, part of the process of seeking grant funds. It begins by carefully reading the Request For Proposal (RFP). Some foundations have general proposal guidelines in lieu of a formal RFP. Governmental grant applications can be very long and detailed. They can cover everything from who is eligible to apply, format (including margins and font size), budget preparation, and necessary forms and declarations. The largest single reason that a grant application is rejected is due to a failure to follow directions.

In general, a successful proposal includes five critical components: Need, Objectives, Plan, Evaluation, and Budget. Proposal outlines may deviate somewhat on the order or the exact titles of grant sections but almost all granting agencies want you to address these topics. The need for the project should be clearly outlined. It should correspond closely to a need that the funding agency has identified. Clearly written objectives should focus on measurable outcomes. The objectives should be tied to the need and should be stated in a format that can be evaluated. The plan should explain what activities will take place in the project. It's very helpful to identify who will be doing these activities and what resources are needed. The plan will eventually be tied to the budget. If it's not in the plan, it becomes very difficult to justify in the budget. The evaluation should describe how you will be able to measure the success of the project. This is often the area that receives the most scrutiny from reviewers. They want to see more than "bean counting." Finally, the budget needs to clearly identify what the funds will be used for. Many funding sources have restrictions on what they will fund. Most agencies want a justification for the budget. It is always a good idea to check your math on the budget.

If your institution or organization has an Office of Sponsored Programs or Grants Office you will need to submit the final proposal for review and approval. In the case of a project that is considered to be research you may also have to have an IRB approval prior to submitting the grant proposal.

Grant writing is both an art and a science. I don't know any grant writers who are successful 100% of the time. Success tends to breed success. Agencies and organizations like to give funds to people who have successfully delivered good products with previous projects.

SACME Meets with ACCME on Issues for Resolving COI

By Nancy Davis, Ph.D.

A group of SACME representatives met with Dr. Kopelow and other ACCME staff January 13, 2005 in Chicago to discuss strategies for resolving conflict of interest in CME. It was a productive meeting that lead to some concrete ideas for mechanisms to resolve conflict of interest. There are still uncertainties until we all have some experience. I would like to thank the following who joined me in representing SACME at the meeting: Michael Fordis Baylor College of Medicine, Jack Kues, University of Cincinnati, Barbara Mierzwa, University of Buffalo, George Mejicano, University of Wisconsin, Melinda Steele, Texas Tech University Health Sciences Center, and Deborah Sutherland, University of South Florida. A summary paper from our meeting can be found on the SACME web site. Some of us who attended the meeting will serve on a panel at the spring meeting to discuss this issue.

Retracing our Roots - A Series of Interviews with SACME Founders and Leaders

Gloria Allington, M.S.Ed.

Gloria Allington, MS.Ed, the 20th president and the first woman president of the Society, is the Director of CME at the University of Miami's Leonard M. Miller School of Medicine. Gloria was one of the individuals who reached out to me shortly after I joined the Society, personally calling to ask if I would be willing to serve on the Research Endowment Council. I had only been involved in the organization for a year and this formal committee assignment was integral to my progression into the leadership track. The willingness of individuals like Gloria to involve new members and previously under-represented constituencies (such as women and those without terminal degrees) in committees and other important roles has been a key factor in the steady growth and diversity of SACME. Gloria was interviewed in December 2004 by Barbara Barnes, MD, MS.

BB: How did you become involved in the Society?
GA: I assumed responsibility for CME at the University of Miami in 1981, taking over for the original director who had been in place for about 10 years. I had been involved in nursing education related to neonatology, so this seemed like a logical career transition. I think my predecessor was a member of the Society but she was not very active in the organization. I joined right away and attended my first meeting in 1982.

BB: What were your initial impressions of the Society?
GA: At the time I joined, the Society was led by many of the charter members, most, if not all of whom were physicians. Although I was in the minority as a woman and a non-physician, I was welcomed into the organization. I valued the meetings because of the collegiality – it was great to meet so many individuals who were willing to share their professional and personal experiences. I soon became acquainted with many of the women in the Society including Jean Bryan, Ruth Glotzer, Linda Gunzberger, Deb Holmes, Rosalie Lammle, Jocelyn Lockyer, Frances Maitland, and Carol Malone.

BB: How did you become involved in the leadership of the Society?

GA: I served on the Membership Committee for 8 years and was involved with several other committees. In 1992 I became the Secretary, moving on to Vice President in 1993, President Elect in 1994 and President in 1995.

BB: What was happening in the world of CME as you moved into the presidency?
GA: This was a very exciting time. The Society was fortunate to obtain funding from the Pew Foundation to develop a report on future directions of medical college CME that became the basis for discussions about the "new paradigm". The CME literature was emerging as Dave Davis and others were attracting national attention and the change study results were becoming disseminated. The need for additional research was recognized in the formation and funding of the Society's research endowment.

The AAMC was beginning to notice CME, issuing a statement in 1995 on the role of continuing education in the reorganization of the GEA. They began to ask the Society for advice on how linkages could be established across the entire continuum of medical education and we were fortunate to be able to join the Council of Academic Societies, appointing Bob Cullen and Dale Dauphinee as our first representatives. At the time, the Tri-Group was also forming to address accreditation and other issues affecting CME providers. This forum brought together the three major CME organizations (the Society, Alliance and Association for Hospital Medical Education), giving us the opportunity to represent the perspectives of medical schools on policy issues. The group was particularly important as the ACCME was beginning to look at opportunities to revise its standards and enhance physician involvement in the survey process.

BB: What were your priorities as president?
GA: I had several major priorities:

- Enhancing and strengthening relationships with other organizations influential to the continuum of medical education. This was an optimal time for the Society to emerge as a leader in integrating CME into the continuum of medical education and moving the field ahead in research and evidence-based practice. I was actively involved in building bridges with other organizations and assuring that we were "at the table" when important issues were being discussed.
- Improving access of our members to resources within the Society. My presidency occurred during a period of transition for the Society in which many of the charter members were retiring or becoming less active in the field and a new group of leaders was emerging. I wanted to be sure that we fostered the development and involvement of all of our members. It was exciting to see the Endowment Council begin to solicit proposals and determine a variety of funding opportunities. I was also grateful to Deb Holmes for expanding the activities of the Membership Committee, including the establishment of the new member orientation. We also began to invite non-voting members to the business meetings so they could participate in discussions of policy issues and understand the strategic initiatives of our organization.
- Streamlining and strengthening the organizational structure of the Society. Our committee structure was very informal and somewhat inefficient. We conducted a thorough review of all of the committees and created more formalized structures and procedures.

BB: Were there any notable events during your presidency?
GA: I was very lucky to preside at the 20th meeting of the Society. Several charter members were there and were recognized. It was exciting to reflect on our history and think about how far we had come in a relatively short period of time. It was impressive to note the number of leaders in our field who contributed so much to our organization – individuals such as Dave Davis, Jim Leist, Frances Maitland, Phil Manning, Marty Kantrowitz, Bill Easterling, Dennis Wentz, George Smith, and so many more. The most devastating event during my presidency was the untimely death of Marty Shickman. He was vice president at the time and his sudden loss was felt by all of us in leadership roles.

BB: How has the Society changed?
GA: I think the Society has continued to mature, steadily broadening its reach and vision. There is increased involvement of the membership and the organization seems to be more and more "alive". It is really gratifying to see the efforts to educate our members in research principles and practice and to note the impact of the Endowment Council's funding. We seem to be

generating increasing respect from the AAMC and other professional organizations, raising the level of awareness about the importance of CME in the continuum of medical education. I do miss seeing some of the more senior members who have retired or otherwise decreased their involvement in our organization.

BB: What effect did the Society have on your career?
GA: My involvement in the Society was a tremendous boost to my recognition within my own institution – the dean was very impressed to have us represented at this level. I also learned a lot from dealing with others who had influential roles in CME, including those who were conducting research. The experience made me sharper and broadened my areas of expertise, expanding my awareness of the global issues impacting the Society and the field of CME. I can truly say that my presidency was one of the greatest highlights of my professional life.

BB: What is your vision for the Society and the field of CME?
GA: I hope that the Society continues its emphasis on research. With our current technology, there are tremendous opportunities for geographically disparate institutions to work together. The focus of CME needs to move closer to the point of care. The use of electronic, evidence-based tools can certainly assist us in this regard.

We need to continue to encourage physicians to become involved in CME. I worry that physicians do not see CME as a career path. It is critical that SACME fosters the involvement of physicians and assists them in becoming advocates for our field within their universities and other professional organizations.

It is exciting to consider the development of integrated offices of medical education within our institutions that would address the entire continuum. Think of what we could accomplish if we worked together to apply the principles of adult education and drew on the tremendous resources within our universities. CME professionals could lead the way in fostering such collaboration, given our tradition of working together and openly sharing our experiences.

News from the American Medical Association

By Alejandro Aparicio, M.D.

It is an honor for me to write this, my first contribution to Intercom, on behalf of the American Medical Association. I will strive to provide you in every column with all pertinent information regarding the AMA's involvement in CME as well as any other information that may be useful to the members of SACME. This coming year, particularly, the Division of Continuing Physician Professional Development and the Council on Medical Education at the AMA will continue to evolve the Physician's Recognition Award (PRA) rules and will publish a new AMA PRA information booklet. We will continue to share information on all these topics with all of you.

It was a pleasure to see many of you at the meeting in Boston on November 5 and 6, including some old friends and some that I hope to one day call "old" friends, even as we strive to remain forever young in our hearts and minds. It was an outstanding meeting and I look forward to regularly participating in future SACME conferences.

First, I would like to acknowledge the contribution to CME that my predecessor, Dr. Dennis K. Wentz, made during his 15 year tenure as Director of the Division of Continuing Physician Professional Development at the AMA. It is a daunting task to try to follow in his footsteps, but it has been made easier by his multiple expressions of kindness towards me since the announcement of my appointment, as well as the warm welcome by the CME community in general and the support of the Medical Education Group

at the AMA, led by Dr. Barbara Schneidman, Vice President for Medical Education. I would be remiss if I did not also acknowledge the work of Charles Willis, MBA, Director of Physician Recognition Award Standards and Policy Liaison Activities and Rebecca DeVivo, MPH, MSW, Director, Accreditation and Certification Activities, for the work that they did while the position was vacant and for the help they have given me, and continue to give me, since my arrival at the AMA.

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The 15th Annual Conference of the National Task Force on CME Provider/Industry Collaboration, "Effective CME and Industry Collaboration: Understanding Boundaries" took place September 27-30, 2004, at the Waterfront Marriott in Baltimore. The planning committee, chaired by Sue Ann Capizzi, MBA, designed an outstanding program, supported by Rebecca DeVivo and the Continuing Physician Professional Development (CPPD) staff at the AMA. It particularly focused on the current and future regulatory issues including sessions on the ACCME's revised Standards for Commercial Support. The attendance was the largest ever with 549 registrants. Unrestricted educational grants from Pfizer, Merck, Bayer, and Procter & Gamble helped make the conference possible.

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SACME was very well represented with many members being part of the faculty as well as the audience. That level of participation and support was very much appreciated. The evaluations were overwhelmingly positive regarding the content of the conference as well as the hospitality provided by the hotel. Information on the presentations, including those power point presentations submitted by the faculty, can be found on line at www.ama-assn.org/ama/go/cmetaskforce

The 16th Annual Conference will take place October 25-27, at the same hotel. You can obtain additional information, as it becomes available, at the same web site.

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On November 18, the AMA held its first regional conference on CME, "New Directions in Physician Learning", in Hoffman Estates, outside Chicago. The planning committee included two representatives from the Illinois Alliance for CME (IACME), three representatives from the Division of Continuing Physician Professional Development of the AMA (all three are also members of the IACME), and Sterling A. North, BA, Associate Director, CME, Baylor College of Medicine and Chairman, State and Regional Organizations Committee, Alliance for CME.

The composition of the planning committee was very deliberate. Our goal was to develop a program that would update CME providers about exciting new directions for the AMA PRA and discuss their implications for the CME enterprise as a whole. At the same time, the planning committee sought to address issues important to CME professionals in Illinois and contiguous states while bringing a national perspective to some of the topics discussed. Most important, however, was the collaboration between the AMA and IACME that ensured the program would complement, not duplicate, the IACME fall program that was to take place the following day.

The 1st Regional Conference on CME was marketed in conjunction with the IACME. All marketing materials referenced the IACME conference and provided the web address where participants could obtain additional information as well as register for it. In addition, anyone attending the IACME meeting received a discount for the AMA conference.

The presentations included: "Introduction to AMA PRA Activities and Processes: the Quick Version" by Rebecca De Vivo; "New Directions for AMA PRA Credit" by Charles Willis; "Comparing Credit Systems", a panel presentation by Nancy Davis, PhD, American Academy of Family Physicians, and Diane Burkhart, PhD and Delores J. Rodgers, both from the American Osteopathic Association; "Practical Tips from the 15th Annual Conference on CME Provider/Industry Collaboration" by Sue Ann Capizzi, MBA, who served as the conference chair. A panel presentation on "Relating Credit to the Real World" explored

the use of credit from the following perspective: Suzanne Ziemnik, MEd, Director of CME at the American Academy of Pediatrics discussing "Maintenance of Certification", Robert A. Wise, MD, Vice President, Division of Research, Joint Commission on Accreditation of Healthcare Organizations reviewing "Hospital Privileging"; and Dale L. Austin, Senior Vice President and COO, Federation of State Medical Boards, reporting on "State Licensure Requirement." Barbara Barnes, MD, MS, Associate Dean, CME, University of Pittsburgh Medical Center, led the group through "Focus on Performance Improvement: A Case Study." The day ended with small group discussions and reports on "How will these new directions affect you?"

The 1st Regional Conference was well attended with 60 CME professionals, 14 of them from eight states other than Illinois, participating in the day-long meeting. The program received very positive feedback from the participants as well as practical suggestions for future improvements. SACME was well represented in the faculty and the audience, including presentations by two past presidents, Drs. Barnes and Davis. We hope that SACME members will continue to serve as faculty for upcoming regional meetings. More than half of the participants also attended the IACME meeting the following day, a clear sign that both conferences benefited from the shared planning and promotion.

More regional meetings are planned for 2005. Several state and regional organizations have already expressed interest in partnering with the AMA for a future regional conference. The content will continue to adjust to the specific educational needs of the state or area where the conferences will take place. The conferences will complement, not duplicate, the educational offerings of the ACCME, the Alliance for CME, or its state or regional organizations. In areas where there are no states or regional organizations, we would hope that these meetings could serve as a catalyst to start the process of forming one.

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The AMA held its 2004 Interim meeting, in early December, in Atlanta. Besides the meeting of the House of Delegates, other groups met as well, including the Section on Medical Schools and the Council on Medical Education.

The General Session of the Council on Medical Education was very well attended. Presentations included an update from the National Board of Medical Examiners, reports from the LCME, ACGME, ACCME, Competencies for the Physician Assistant Profession, Activities of the Conjoint Committee on Continuing Medical Education, and the AMA Foundation Health Literacy Initiative.

Two actions taken by the House of Delegates deserve to be highlighted:

- The Board of Trustees Report 19-I-04, Updated ACCME Standards for Commercial Support, was approved. The report detailed the process of approval of the updated Standards, including the unanimous approval by the Council on Medical Education and the Board of Trustees of the AMA. The report calls for the AMA to "…communicate actively with the Accreditation Council for Continuing Medical Education (ACCME) regarding the implementation of the updated Standards…" A resolution that called for the AMA to rescind its approval of the Standards was not adopted by the House of Delegates.
- The Council on Medical Education Report 6-I-04, Implications of the "Stark II" Regulations for Continuing Medical Education, was approved by the House of Delegates as well. The report discusses the implications of an interim final rule on implementation of the Stark Law, published on March 26, 2004, which would potentially treat CME, provided free by health care institutions to their physicians, as compensation and subject to the laws against inducement to refer. The report makes the point that "While physicians derive some tangible benefit from participating in

continuing medical education… the main beneficiary is the patient (through enhanced patient care)". The report calls for the AMA to request the "… Centers for Medicare & Medicaid Services develop an explicit exception within the regulations…that permits physician compensation without financial limit in the form of continuing medical education that is offered for the purpose of ensuring quality patient care". It also calls for the AMA to "…monitor the impact…of the regulations on the ability of health care institutions to provide continuing medical education to their medical staffs."

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Rebecca, Charles and I are very happy to announce two additions to the Division of CPPD:

Rabia Akram, MPH, MBA, has joined us as our new Program Administrator. She comes to the AMA with program and grant management as well as research experience. She also worked with one of the University of Illinois Continuing Medical Education units during her graduate studies.

Sue Ann Capizzi, MBA, who many of you already know, will be joining us as the new Director of CME Strategic Business Development and Assistant Division Director. Sue Ann brings a wealth of experience in the CME community including years on the accreditation side (Illinois State Medical Society and ACCME), and on the provider side (including the American Society of Clinical Pathologists and the American Board of Psychiatry and Neurology). She is a surveyor for both the ISMS and the ACCME, is a member of the National Task Force on CME Provider/Industry Collaboration (chaired the 2004 conference in Boston), and serves on the Board of Directors of the Alliance for CME where she is also the Treasurer-Elect. She is well known and respected in the CME community and is a nationally recognized resource and speaker on CME issues.

It is an exciting time to be involved with Continuing Medical Education. We are witnessing significant changes in CME nationally and internationally. The next few years will be critically important for the evolution of our profession and how we help physicians provide better care to their patients while at the same time documenting their competence to a variety of groups, professional, governmental and public. I feel very blessed to have three outstanding Directors and a great and dedicated CPPD staff and to be a part of a vibrant and warm CME community. We at the AMA will partner with organizations and individuals so that, together, we can make positive changes in CME. All of us look forward to working with all of you in 2005.

Endowment Council Awards Four Grants

SACME Endowment Council is pleased to announce funding that has been awarded for four grants.

- Manning Award for 2005/2006
- $20,000 grant award
- two small grant awards (Onil Bhattacharyya & R. Gary Sibbald and Donna M. Bain.)

Intercom is pleased to profile award winners along with abstracts for their research. This issue will feature the Manning Award Winner for 2005/2006 *Barbara Barnes from University of Pittsburgh* and $20,000 grant awardees from May 2004 *Sonya R. Lawson, Paul Mazmanian and John Boothby of Virginia Commonwealth University School of Medicine.* Watch for other profiles in upcoming issues. If you are seeking funding, visit the SACME web site for more information.

University of Pittsburgh
Barbara Barnes, MD, MS

Certain CME activities, such as tumor boards and morbidity and mortality conferences, are designed to improve medical diagnosis and management through the discussion of clinical cases. Unfortunately, the discourse in these venues often fails to explicitly address adverse events, medical errors, and other opportunities to improve care. It is postulated that these shortcomings result from a variety of knowledge and attitudinal deficits on the part of those who moderate and participate

in the activities. The University of Pittsburgh Medical Center's Manning Award project, led by a diverse team of educators and quality improvement professionals, will employ a multi-faceted intervention involving faculty development, feedback, and reminders to enhance the outcomes of case conferences. Using methods developed by Dr. Edgar Pierluissi, 30 series conducted across the UPMC will undergo baseline assessment of the degree to which errors and adverse events are discussed. Within the intervention group, course moderators will receive formal instruction and mentoring to enhance their capability to lead candid and productive discussions. In addition, checklists will be provided to those who select and present cases to improve the identification of critical incidents and sub-optimal care. The impact of the intervention will be assessed through follow-up measurements and surveys. It is hoped that the strategies employed in this study will significantly improve the degree to which physicians recognize and address opportunities for improvement, forming the basis for initiatives to enhance clinical quality and patient safety.

Use of Personal Digital Assistants in Reflection on Learning and Practice

Virginia Commonwealth University School of Medicine
Office of Continuing Professional Development and Evaluation Studies
Sonya R. Lawson, PhD, Paul Mazmanian, PhD, and John Boothby, MSW

Several studies demonstrate that diaries (computerized or paper-and-pencil) assist physicians in recording and reflecting on their learning activities. In addition, personal digital assistants (PDAs) offer increasing support to physicians in their daily clinical activities and have the potential to improve medical practice. There is a dearth of peer reviewed research describing the use of PDAs as a tool for creating a portfolio of physicians' continuing medical education (CME) activities.

The Virginia Board of Medicine (VBM) requires by law that physicians complete 60 hours of continuing medical education every two years. To meet relicensure requirements, physicians must submit a record of their CME on a Continued Competency and Assessment Form (CCAF).

The purpose of this qualitative study is to: 1) develop an understanding of how 10 volunteer physicians who practice in Virginia use the PDA, and 2) describe how these physicians use a PDA version of the CCAF to reflect upon their practice and medical education. Study participants include PDA users and nonusers recruited from primary and nonprimary care specialties. To describe how physicians use the PDA in clinical practice and how they perceive the usefulness of the CCAF in the PDA format, three sources of data will be analyzed: 1)PDA usage survey, 2)interview transcripts, and 3)CCAF written reflections. Inductive data analysis is accomplished with the assistance of ATLAS.ti software.

For up-to-date information on SACME activities visit us often at **http://www.sacme.org**

INTERCOM

Newsletter of the Society for Academic
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UPCOMING EVENTS

April 11-12, 2005
Understanding ACCME Accreditation
Chicago, Illinois
Contact: ACCME (312) 755-7401

April 14-17, 1005
SACME Spring Meeting
Lakeway Inn Conference Resort
Austin, Texas
Contact: Melinda Steele (806) 743-2226

June 25-29, 2005
SACME Summer Research Institute
Halifax, Nova Scotia, Canada
Contact: Joan Sargeant (902) 494-1995

October 25-27, 2005
16th Annual Conference of the National Task Force on
CME Provider/Industry Collaboration
Baltimore, Maryland
Website: www.ama-assn.org/ama/go/cmetaskforce

November 4 – 9, 2005
SACME Fall Meeting
Association of American Medical Colleges
Washington DC
Contact: Jim Ranieri (205) 978-7990

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