

SACME WEBSITE AND LISTSERV PROVIDE OUTSTANDING MEMBER BENEFITS AND SOME RESPONSIBILITIES

By Joyce M. Fried, Chair, Communications Committee

Among the benefits of membership in SACME are two invaluable resources—the Website and the listserv. Both of these resources are supported and maintained through the efforts of many SACME members.

Website

The SACME Website (www.sacme.org) is a user-friendly wealth of information about SACME for SACME members. It is composed of several sections including Inside SACME, Outside SACME, For Members Only, Publications, Research Toolkit, and What’s New. The For Members Only section is password-protected and only accessible by individuals with active membership status.

The Website is maintained through the laborious efforts of Jim Ranieri, MBA, MPH, Web Administrator, and Anne Taylor-Vaisey, MLS, Web Editor.

The Website has several interactive features. A mechanism for processing meeting registration fees and membership dues was activated. This year, half of SACME members paid their membership dues online. Another recent addition is a mechanism for online voting in SACME elections that was utilized for the first time this spring. Finally, abstracts for RICME and Best Practices were submitted online for the Fall 2004 and Spring 2005 meetings.

The Website recently added a “professional opportunities” page for the posting of job openings of particular interest to SACME members. Most pages on the Website are updated frequently and notices are sent to members alerting them of these updates. Links are checked regularly to ensure that they are functional and useful to the membership.

The Board of Directors has voted to record and maintain some of SACME’s history on the Website. Jim Ranieri will begin scanning previous issues

of INTERCOM, beginning with more recent ones and working backward, so that they can be viewed on the Website. In the future, programs from Spring and Fall meetings and other materials of an archival nature may also be put on the Website so that the richness of SACME’s history can be preserved.

In the last year, the Website was heavily utilized. A total of 18,240 hits were recorded; 17,542 total sessions; and 44,044 total page views. The top domains that were accessed on the Website included .com (8,615), .net (3,349), .edu (464), .ca (285), .org (182), and .mil (152). Countries that have accessed the Website, in addition to the United States and Canada, include Germany, the Netherlands, United Kingdom, Saudi Arabia, Japan, and China. The pages that received the most hits include the homepage, author.exe, Spring meeting, Inside SACME, accreditation, newsletters, EBM resources, associations, INTERCOM, the Biennial Survey, and conference abstracts. Average hits per day are 1,589, with the busiest times of the year being the month before the Spring or Fall meetings and the busiest time of day being noon.

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Listserv

Since April 1997 the SACME listserv has been an important component of SACME by enhancing communication and providing an easy mechanism for disseminating important information to SACME members and gathering quick advice. The listserv maintains a “chattiness” in its communication and lots of news, status changes, and research information are transmitted through its use.

Robert Bollinger of Wayne State University started the listserv when SACME was the Society for Medical College Directors of Continuing Medical Education and managed it for many years. Upon his retirement, David Pieper took over. Since January 2004, the listserv administration has been assisted by Jim Ranieri.

In order to maximize the effectiveness of the listserv, protect the membership from an overabundance of surveys, and to assist individual members to obtain information they are seeking in the most effective and efficient manner, policies were instituted regarding administration of surveys. All surveys posted on the listserv must be approved by the Communications Committee before they are posted. Criteria for posting include that the request come from a SACME member and that the survey and its results benefit SACME in some way. If the survey is part of a research project that is intended for research publication, it is required that IRB approval be obtained. In addition, the requester must agree to submit a summary of the results of the survey to SACME for dissemination. All requests to post surveys on the listserv should be submitted to Joyce Fried, Chair of the Communications Committee, or to Jim Ranieri.

Training listserv participants to use proper etiquette is an important part of maintaining its usefulness and user-friendliness and limiting the possible annoyances it can inadvertently cause. The most important aspect of etiquette is to maintain respectful communication at all times. Members sometimes forget that their comments reach 211 people at the touch of a button and a few embarrassing incidents have occurred where the tone or the content of messages has not been appropriate.

In addition to being respectful, a few reminders about using the listserv are in order and include:

- When responding to messages received through the listserv, the response goes to all of the subscribers,

not just the person who sent the original message. If the response is intended for or of interest just to the sender, the sender’s address should be copied from the header and pasted into a new message.

- When individuals are going away from the office and set their mail serve to give an Out of Office response, that message will go to all listserv subscribers every time a message is sent by anyone to the list. Users who use an Out of Office Response should go to the List Archive Settings and check the NOMAIL setting. When they return, they can go there again to catch up on the missed messages and set it back to MAIL by unchecking the box.



SACME 2004-2005 Officers at the 2005 Spring Meeting in Austin. (L-R) Marty Hotvedt, Craig Campbell, Nancy Davis, and Mike Fordis.

INTERCOM

SACME Listserv: sacme@lists.wayne.edu.

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FROM THE PRESIDENT

By Marty Hotvedt, Ph.D.

In the summer of 1979 I accepted a position at the University of Texas Medical Branch in Galveston as the Director of the Academy of Continuing Medical Education. Of course, I joined the Society for Medical College Directors of Continuing Medical Education. The following spring at the annual meeting, Dr. Floyd Pennington, the Program Director for that year, asked me to present “Conducting Applied Research in Continuing Medical Education.” Floyd asked me to make the presentation because he felt the Society really needed to focus more on research in continuing medical education. Up to that point, not much attention had been focused on research or the academic aspects of providing CME. As I look back, Floyd gave me a great opportunity. It was my first opportunity to visit San Diego and my first opportunity to really think about research in CME. I loved San Diego, but I don’t think the members in the audience were particularly wowed by my research discussion. A small group of members did focus on research in CME and the “Change Study” was one of its initial efforts.

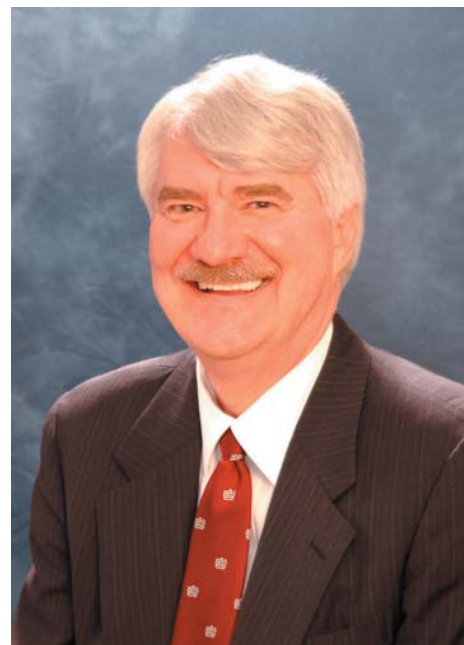
Since then, the Society has come a long way. Research in CME is not only important, but it has become a major focus. We have even changed our name to The Society for Academic Continuing Medical Education. In taking on the role as President of SACME, I am not only humbled by the honor, but also excited about the prospects of truly moving us in the direction of an academic society. My presentation 25 years ago may not have made much of a difference, but with some of the great researchers we have had as members and our truly dedicated membership we are now THE SOCIETY FOR ACADEMIC CONTINUING MEDICAL EDUCATION!

Our SACME Membership Committee carefully evaluates applicants who want to be members. Sitting in on their meeting in Austin, it became clear to me that our SACME membership is made up of the leaders of academic continuing medical education. We come from academic backgrounds, we represent academic institutions, and we use an academic vision to help our field progress and improve.

First exposed to the concept of Communities of Practice by Dr. John Parboosingh, I view SACME as a perfect example of several interlocking Communities of Practices. We rely on each other almost like family to help us with our problems, support our new ideas, and even help us find new positions when necessary. Sometime ago I was reading an article about an old idea which is being retooled. The author described the concept of Guilds from the Middle Ages and proposed that in the future many of us will belong to specialty Guilds. I immediately thought of SACME as my Guild.

As one of my goals for the coming year, I have asked the Membership Committee to consider the concept of Guilds or Communities of Practice and think about ways that we can provide our members with benefits that would enhance each and every one of us with that sense of belonging to a Guild or Community. The Membership Committee agreed to take on this task but I am asking every member of SACME to think about what it would mean to belong to a Community of Practice or a Guild and what they would expect from that organization. Think “outside the box” and come up with ideas that would make your professional life more rewarding, more effective, more stimulating. If you will send them to me, I will pass them on to the Membership Committee and hopefully next year at our Annual Meeting we can discuss how we will continue to improve our Academic Society.

There are some other very important challenges ahead of all of us. How can we develop better metrics for ensuring that our physicians are really continuing to learn? How do we deal with accreditation issues so that paperwork does



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not drive all of our efforts? How do we get individual physicians to improve their practice? How do we get teams of health care professionals to improve patient care? Does that have anything to do with what CME is about? Is there such a thing as team learning and how is CME involved with it? We have heard a lot about reflection lately. How does that fit into CME? How do we do all of the creative things we want to do and still balance our budgets? How do we as CME professionals continue to

learn and improve? The opportunities for us as members of SACME are truly without limit. As academicians, we must work together to produce the knowledge that we need to solve these questions and set the foundation for the next 25 years of SACME. SACME is your organization. Let me know how I can help you improve SACME and provide better benefits to you. Thank you for your mentoring and your support.



FUTURE MEETING PLANS

By Leslie Aguayo, Program Committee Chair

Planning is well underway for the SACME 2005 Fall meeting to be held November 4 – 6, 2005, in conjunction with the AAMC in Washington, D.C. There was lively discussion during the Spring meeting about topics our members would like to see presented in the fall. This year's AAMC theme is Beyond Boundaries and several items have been identified that should be of interest including a discussion of international systems of credit, use of multiple virtual technologies in education, continued discussion of a SACME-wide research effort spearheaded by Craig Campbell, and hot topics. The RICME session will be presented under the leadership

of Gabrielle Kane and Laurie Clayton. Jim Ranieri, our Executive Secretariat, is working with the AAMC meeting planners on space assignment. The SACME meeting will be held at the Omni Shoreham. Once finalized, the details will be posted on the SACME website and in the next issue of INTERCOM.

Initial planning for the SACME 2006 Spring meeting has begun with interest expressed for more discussion of faculty development. The next Spring meeting will be hosted by the University of Southern Florida at the Wyndham Casa Marina in Key West, with Deb Sutherland

taking the lead on behalf of her university. The Program Committee is also in the process of finalizing the request for proposal process to host the spring meetings. Plans are still on track to release an RFP to host the Spring 2007 meeting at Copper Mountain, Colorado.

We look forward to your participation in November! Any questions about upcoming meetings may be directed to Leslie Aguayo at (415) 476-4255 or aguayol@ocme.ucsf.edu.

MEDICAL EDUCATION MATERIALS REPOSITORIES

By Nancy Davis, Ph.D.

Repositories for medical education materials are popping up from several sources. They are quite new and just beginning to fill with shareable materials. Three are described here. While they have been designed with undergraduate medical education in mind, these repositories offer many opportunities for CME providers and faculty.

HEAL (Health Education Assets Library)

In September of 2000, funding was received from the National Science Foundation to develop a prototype national resource for digital multimedia serving health sciences education. The repository was named Health Education Assets Library and would ultimately become an integral part of the National Science Digital Library. Under the grant the HEAL team was established with leadership by a principal investigator at each of the three founding institutions: Spencer S. Eccles Health Sciences Library at the University of Utah; David Geffen School of Medicine at UCLA; and University of Oklahoma College of Medicine. For more information, go to www.healcentral.org.

MedEdPortal--AAMC

MedEdPORTAL is a Web-based tool that promotes collaboration across disciplines and institutions by facilitating the exchange of peer-reviewed educational materials, knowledge, and solutions. By extending the AAMC Group on

Educational Affairs (GEA's) CACHE (Competencies Across the Continuum of Health Education) framework, MedEdPORTAL will serve as a central repository of high quality educational materials.

For more information, go to www.aamc.org/mededportal.

Family Medicine Digital Resources Library

In late 2004, the Society of Teachers of Family Medicine (STFM) was awarded a three-year grant by the National Library of Medicine to develop the Family Medicine Digital Resources Library (FMDRL). The vision for FMDRL is to be the primary mechanism used by family medicine educators to share curricular materials—resulting in efficient, effective dissemination of curricular materials nationally and internationally. For more information, go to www.fmdrl.org.

All of the resources include PowerPoint presentations, digital images, audio and video files, patient cases and other curricular materials. Not only can faculty search and borrow materials at the sites, they can have their materials peer-reviewed and “published” at the site. This will be useful for faculty wishing to document scholarly activity in teaching for promotion and tenure.

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

RETRACING OUR ROOTS - A SERIES OF INTERVIEWS WITH SACME FOUNDERS AND LEADERS

By Barbara Barnes, M.D.

In addition to the many roles that she has taken on within SACME, Nancy L. Bennett, PhD has been a valuable liaison with many other CME organizations, including the AAMC (having been the first elected chair of the CME section of the GEA), ACCME (as a member of both the ARC and the Council), Alliance for CME (board member), and JCEHP (associate editor). In addition to being a distinguished academic, Nancy has been a mentor and friend to many of us who transitioned into the field of CME. In recognition of her tremendous contributions to the Society, she was presented with the SACME Distinguished Service Award at the Spring, 2005 meeting.

BB: How did you get involved in CME?

NB: In the mid-1970s I went to the medical school at the University of Illinois at Urbana-Champaign to organize a continuing education program for regional health care professionals through the AHEC. At that time, there were no local educational programs for practitioners and it was very hard for them to get time off to attend courses. We established a broad range of activities not only for physicians but also other professional disciplines. One of our practitioners actually flew his own plane to some of the more remote locations to see patients. I was fortunate to be surrounded by an amazing project team – Mark Eppinger, Barbara Brandt, Anne Heinz, Joe Green, Don Moore, Floyd Pennington, and several others – who went on to be a generation of thought-leaders in our field.

BB: Tell me about your early experiences in the Society.

NB: I joined soon after I arrived in Illinois. The Society was very different in those days – it was small and much more homogeneous, with a predominance of physicians. At that time, you had to have permission from the dean

of your school to be a voting member. This requirement was designed to impress upon the deans the importance of their school's participation in the Society.

Society meetings enabled me to meet many of the leaders in CME and this networking was a great asset in developing the program in Illinois. Through the Society, I got to know Dr. Stephen Goldfinger from Harvard. He asked me to assist in developing a job description for an educator within the medical school, which was a new concept for Harvard in those days. When the position was posted, I was asked to take on the job. I went to Harvard in 1979 and retired last year as an assistant dean.

BB: What issues were facing the Society in the 1970s?

NB: We were beginning to think about a larger role for CME. Arizona and New Mexico had started to require CME for licensure in response to growing numbers of retired physicians there retaining their licenses. These issues prompted us to talk about the importance of having standards for continued learning through CME. We found some conflicts between group standards and a culture built on individual professional dominance. It is interesting that we continue to confront these issues today. In the 1970s, we were also beginning to see new models of education, such as problem-based learning in the medical school curriculum, and we thought about how these might be applied in CME.

BB: Over the years, how has the Society changed?

NB: I am very thankful that we have managed to shorten the business meetings. In the old days, the reports were certainly extensive. We always ran over the allotted time, either cutting into the afternoon program or our free time. Our business meetings are very much more efficient. I

think we are focusing more on some of the major issues affecting CME. I remember that we spent a lot of time on issues like designing our letterhead and selecting a logo. There was great debate (at times contentious) about whether one of our members should sketch the logo or whether we should engage a professional designer. A lot of these issues are now discussed by the board or by committees, allowing more time at the general sessions for discussion about important research, best practices, and regulatory and policy issues.

Until the late 1990s, the AAMC provided administrative support for the Society and on several occasions there was discussion about whether our organization should somehow fold into the AAMC infrastructure. The bold step of engaging our own executive secretariat helped to solidify our identity and provide a level of administration that freed up the volunteer leaders to focus more on strategic issues.

We have seen a great increase in diversity of our membership. Eliminating the requirement for a dean's appointment and expanding the voting membership have encouraged a wide variety of individuals and organizations to participate.

BB: What hasn't changed?

SACME members continue to confront the competing priorities facing our CME offices – how can we move beyond the imperative to be a “cash cow” to an environment in which we are seen as effective change agents in improving professional competence? In our day-to-day lives as CME professionals, we seem to be increasingly consumed by administrative burdens that limit our roles as educators and researchers.

Fortunately, one aspect of SACME that has not changed is the collegiality and support offered by the Society. Despite the increasing professional demands that we all face, our members spend a tremendous amount of time not only in the formal functions of our organization (such as



Nancy Bennett, Ph.D.

committees) but also in solidifying the personal and social networks that are so important to all of us.

BB: What effect has the Society had on your career?

NB: As I mentioned, my introduction to Dr. Goldfinger at a Society meeting led to my recruitment to Harvard. This was only one of many doors opened to me by relationships developed through SACME. However, the greatest benefit to me has been the friendship and support offered by Society members.

BB: What is your vision for the Society?

NB: The Society needs to continue to determine its role in the current world of CME and be very clear about what it wants to be known for. As our membership becomes more diverse, it may be more difficult to define our identity and agree on our strategic initiatives. It may not be possible to reach full agreement and consensus on our vision for academic CME. We must have strong leaders who can establish clear direction for our organization and focus our limited resources on a few key strategies that have the potential to improve the quality and outcomes of CME.

RESEARCH ENDOWMENT COUNCIL AWARD PROFILES

This issue of INTERCOM profiles two small grant awards from the SACME Endowment.

- √ Onil Bhattacharyya
- √ R. Gary Sibbald and Donna M. Bain

INTERCOM is pleased to profile award winners along with abstracts for their research. Watch for other profiles in upcoming issues. If you are seeking funding, visit the SACME website for more information.



“Overcoming Barriers to Diabetes Guideline Implementation in Remote Aboriginal Communities”

Onil Bhattacharyya

This study aims to develop and pilot a strategy to implement the 2003 diabetes clinical practice guidelines (CPG) in 4 nursing stations in the Oji-Cree communities of the Sioux Lookout Zone in Northern Ontario. It will analyze the practice context,

assess baseline performance, develop an intervention, and evaluate its impact after 9 months using a controlled, before-after design. First Nations Communities in this area have one of the highest prevalence of diabetes in the world. Cardiovascular risk factors are common among diabetics, with admissions for ischemic heart disease tripling in the last 15 years. Data from a 2001 CIHR study of diabetic complications in one of the communities showed that 60% of diabetics had cholesterol levels above guideline targets, while only 15% had blood pressure above the target of 130/80 mmHg. This study will develop a series of key points for treatment which will focus on lipid management among diabetics. The primary outcome will be proportion of diabetics on lipid-lowering medications, with secondary outcomes related lipid screening and medication dose optimization. The result will be a detailed description of the barriers to care and a replicable, low-cost intervention for remote aboriginal communities to address the rising tide of diabetes-related morbidity.

“Simultaneous Use of Telemedicine for Patient Care and Continuing Education Rounds in Dermatology and Wound Care”

R. Gary Sibbald, BSc, MD, FRCPC (Med) (Derm), ABIM, DABD, MEd

Donna M. Bain, BA(Hons)MSW, PhD Candidate



There is a need to combine patient care and continuing education in the remote clinical setting. Continuing medical education programs should explore new and effective delivery methods through telemedicine. Similarly, healthcare systems are striving to find new ways to improve access to care, particularly for patients in under-serviced areas. This pilot project explored a link between a continuing medical education course in dermatology and wound care with simultaneous delivery of the needed patient care through telemedicine. The results of this practice-based qualitative study will increase the knowledge of techniques to integrate patient care with situational learning. The conducted in depth interviews in this study with primary care physicians will allow telemedicine to meet both educational and specialty patient care needs. Preliminary data analysis identifies an opportunity for real time interaction with the patient’s consulting specialists. This technological setting facilitates instantaneous needs assessments and triggers teachable moments while patient care is being delivered. Result of this pilot study will be reported in mid 2005.

NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

By Alejandro Aparicio, M.D.

The Council on Medical Education of the American Medical Association met in March of this year. One of the actions it took was to approve the guidance for Internet Point of Care as a new format of AMA Physician Recognition Award Category 1 credit. This action concluded the work of a pilot project that began in 2000. The information gathered during the pilot was instrumental in developing the guidance. The complete text of the guidance can be found online at www.ama-assn.org/ama/pub/category/15085.html.

There has been increasing interest in the approved (September 2004) Performance Improvement guidance. One of the many organizations expressing an interest in using this new format has been the AMA-convened Physician Consortium for Performance Improvement (The Consortium), which brings together representatives from over sixty national medical specialty and state medical societies, the Agency for Healthcare Research and Quality (AHRQ), and the Centers for Medicare and Medicaid Services (CMS), for the purpose of developing evidence-based clinical performance measures that enhance patient care and foster accountability. The Consortium provided substantial assistance with CPPD's development of the AMA PRA rules for Performance Improvement (PI) CME. CPPD is now actively assisting the Consortium with identifying opportunities to leverage PI CME activities as a way to promote the implementation of their measurement sets.

The March meeting of the Council on Medical Education also included a joint session with the Board of Directors of the Accreditation Council for Continuing Medical Education (ACCME). It was a very productive session with excellent discussions about a variety of topics, including the importance of the Council on Ethical and Judicial Affairs (CEJA) opinions on CME and gifts to physicians. Dr. Murray Kopelow, Chief Executive Officer of the ACCME, presented a draft guidance to CME providers on how to document compliance with the ACCME Essentials when designating AMA PRA Category 1 credit for activities in recently approved formats (e.g. Performance Improvement and Internet Point of Care).

Those of us who attended the April SACME meeting in Austin were treated to outstanding presentations and great discussions. It was also a pleasure for me to do a joint presentation with Dr. Kopelow and Charles Willis, MBA, Director, AMA PRA Standards and Policy Liaison Activities in the Division of CPPD, on Internet Point of Care and the ACCME guidance for new CME formats.



The 2005 National Task Force on CME Provider/Industry Collaboration Conference brochure will be mailed in early June. By the time you receive this issue of the INTERCOM you may already have received it. If you have not, you can find the information at www.ama-assn.org/go/cmeforces. This year the meeting will take place October 24-26 in Baltimore, Maryland. We expect this to be the best conference yet, and hope to see all of you there.

The Division of CPPD is in the process of planning two AMA Regional Conferences for the year, including the Mid-Atlantic Regional Conference to take place October 23rd in Baltimore, Maryland, immediately preceding the National Task Force Conference. The choice of times and locations is based on the interests and needs expressed by different areas of the country. More information about upcoming conferences can be found at www.ama-assn.org/go/regionalcme. Anyone interested in exploring the possibility of holding a regional conference in their area can contact Rebecca DeVivo.

Last, but not least, we are currently working on a new PRA booklet that will incorporate all the changes that have been approved since the last revision in 2002, in what we hope will be a user-friendly format. We welcome comments by any of you on how to improve the booklet. You can send your comments to Charles Willis at charles.willis@ama-assn.org.

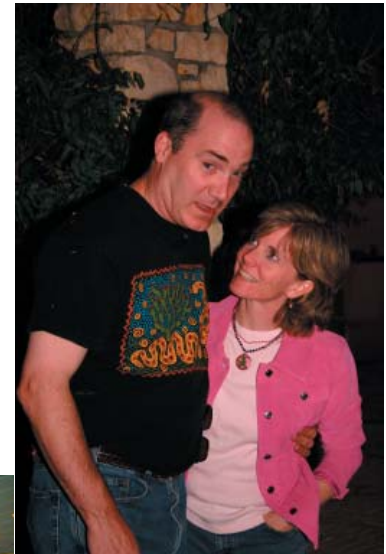
We hope to see all of you at future SACME meetings.

2005 SPRING MEETING HIGHLIGHTS

By Leslie Aguayo, Program Committee Chair

The SACME 2005 Spring Meeting held at Lakeway Inn Conference Resort, in Austin, Texas was a great opportunity to learn new ideas associated with physician assessment, faculty development, improved evaluation development for grant writing, grand rounds management, updates from the ACCME and the AMA, and multiple exciting projects presented during RICME. Texas BBQ and country western music were the highlights of Thursday evening's social gathering. Many thanks to Melinda Steele and Rial Rolfe of Texas Tech University Health Sciences Center for hosting this year's spring meeting. I believe it is safe to say a good and informative time was had by all.





Photos courtesy of Jack Kues, David Pieper and Melinda Steele.

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UPCOMING EVENTS

June 25-29, 2005

**SACME Summer Research Institute
Halifax, Nova Scotia, Canada
Contact: Joan Sargeant (902) 494-1995**

November 4-6, 2005

**SACME Fall Meeting
Association of American Medical Colleges
Washington DC
Contact: Jim Ranieri (205) 978-7990**

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/cmeforce**

April 5-9, 2005

**SACME Spring Meeting
Key West, Florida
Contact: Deb Sutherland (813) 974-4953**

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