The Society for Academic Continuing Medical Education
www.sacme.org

INTERCOM

THE SOCIETY FOR ACADEMIC CONTINUING MEDICAL EDUCATION

Integrating Data: Needs Assessment to Learning Objectives to Outcomes Measures

By Rynda Clark, M.P.A.

Bob Fox, Ed.D., Director, Research Center for Continuing Professional and Higher Education, University of Oklahoma, led this session at the SACME Spring meeting in Key West. This session was planned as both a demonstration of key components of educational planning, as well as an educational intervention. Prior to the Spring SACME session, Dr. Fox created a self-assessment of abilities related to CME that was completed by 70 SACME members. The survey/needs assessment measured SACME member's perceived value of numerous abilities (what ought to be) and the individual's perceived competency in each area (what is).

In This Issue

Several educational tools were used to improve this session in addition to the survey. A pre and post test allowed individuals to focus on key learning points and demonstrated knowledge retained at the end of the session. In addition, in the first half of the session small groups were asked to analyze, discuss and make recommendations on a CME case-study in educational planning and needs assessment.

The educational content presented at the session by Dr. Fox was directed in part by the needs identified in the SACME survey. Dr. Fox described numerous additional methods for collecting data about ***perceived needs*** including interviews, focus groups, chart stimulated recall, and others. Dr. Fox defines a need as the difference between 'what is' and 'what ought to be'. Key sources for 'what ought to be' include practice guidelines, consensus statements, texts and manuals, research, and expert opinion. Multiple needs assessment sources are preferable to a single source. ***Performance measures*** for a typical clinical problem may include the clinical encounter, medical provider, staff support, patients, quality assurance personnel, support services (i.e. pharmacists), duplicate pads and self-assessments. ***Actual needs*** can be documented through direct observation, chart audit, patient encounters, tests that measure attitudes, knowledge and skills, etc. ***Motivation*** is impacted by the perception of need; if there is a small discrepancy between 'what is' and 'what ought to be' there is little effect on motivation. If there is a very large gap between 'what is' and 'what ought to be' it can produce a high level of anxiety which results in aversion rather than need reduction.

Dr. Fox summarized needs assessment as follows: 'A good needs assessment separates 'what is' from 'what ought to be' and compares them in order to describe ***the problem, the performance, and the competencies.*** Each part provides an explanation of the others. A good needs assessment ***includes perceived and objective need; uses credible methods, materials and instrumentation to collect data; and analyzes data appropriate to the purpose of the assessment (explanation vs. verification).*** A good needs assessment teaches the health care provider, the program planners, the teachers, and the CPD community.'

A follow-up session is planned for the Fall SACME meeting, which will provide samples of effective tools currently being used by SACME members and others to improve educational planning.

From the President

By Michael Fordis, M.D.

Rendering Rags or Riches? SACME's Role in Weaving the Fabric of America's Healthcare

Michael Fordis, MD

By the mid fifteenth century, the art of tapestry had undergone an exuberant explosion. As its popularity peaked, workshops employed over 15,000 artisans dedicated to creating the masterpieces of Medieval Europe. Although once treasured by monarchs, aristocracy, and the Church as symbols of wealth and power, limited examples remain today. Of the more than 2500 inventoried holdings of Henry VIII, scarcely over 1% survived—poor odds indeed, although significantly better than those faced by several of the monarch's six ex-wives.

The celebrated Bayeux Tapestry, one of the most significant of British historical artifacts detailing the Battle of Hastings in 1066, was nearly transformed into rags on several occasions. Had the tapestry been lost, so would much of what we know about the untimely death of Saxon King Harold, barely in office long enough to dispose of King Edward's memorabilia and redecorate. The Tapestry depicts much about daily life, boat and castle building, dress, war, and military victory in Medieval Europe at the turn of the last millennium, at least from William the Conqueror's Norman perspective—the fleeing Saxons were not invited to offer a minority opinion for the record.

Interesting to art history addicts perhaps, but what, one may reasonably ask, does this have to do with continuing medical education (CME). The image of artisans toiling side by side with others, advancing thread by thread, each working on a separate part but sharing a final common vision is in many ways reminiscent of our work. Improving healthcare is a similarly collaborative endeavor involving many professionals, working on separate aspects, often beginning at different points and all contributing to the final outcome.

Consider for a moment the work involved in applying the science of continuous quality improvement (CQI) to healthcare. CQI experts employ a variety of tools that are less familiar to those engaged in developing CME activities. For example, use of "root cause analysis", commonly used in CQI but not in CME, could enrich our needs assessments and assist our efforts to distinguish systems-based issues from causes amenable to educational intervention. Likewise, those engaged in CQI and process improvement may not necessarily consider educational intervention as part of their armamentarium; but educational intervention may have important roles to play in settings where processes must accommodate rapidly evolving advances in clinical science as paradigms shift, new therapeutics and devices are approved, point-of-care information is developed, and disruptive technologies appear. Consideration of those engaged in CQI and CME may be informative in that although we are working side by side to improve healthcare, it seems we are weaving from different points, using threads of different hues. Perhaps it is time for us to step back to examine this shared tapestry and explore how collaboration and engagement with others and with each other may enrich our mutual efforts.

In the coming weeks, we in the Society will undertake a number of initiatives to review our contributions to the larger healthcare improvement tapestry. With respect to the example above, we will examine how we might best welcome members with similar dedication who can enhance our shared mission to bring about positive change in the quality of healthcare. Our bylaws, which certainly accommodate such new members, may be enhanced by additional clarification in this area.

We will also explore new formal collaborations. The first involves exploration for a SACME partnership with the ACCME and the AMA to investigate alternative models of CME accreditation that focus attention on behavioral change and health outcomes in place of the more familiar process measures. Leaders in the ACCME (Murray Kopelow) and the AMA (Al Aparicio) have expressed

enthusiasm for such explorations which also are consonant with active and ongoing discussions in the ACCME Board and interest in potential experiments in this regard.

The second arises out of experiences of SACME members in a recent natural disaster (i.e., Hurricane Katrina and the devastation suffered by students, faculty, and staff of Tulane Medical School) and in an epidemic (i.e., the Severe Acute Respiratory Syndrome [SARS] outbreak in Toronto). Stepping back, we will explore what Society members learned, what parts members played, and whether there is a role for additional Society response planning in anticipation of future occurrences.

The third focuses on the ongoing need for Society members to be engaged in research with others to enhance the effectiveness of educational models and tools in contributing to the larger efforts to improve healthcare. With limited federal funding available for this type of translational research, the Society will explore strategies in collaboration with other organizations to foster expansion of translational research that includes research in educational interventions and tools. Efforts are already underway in this area, in concert with Dave Davis in his role in the Petersdorf Scholar-In-Residence Program at the AAMC.

Finally as we enter our 30th year, we will also be looking back at SACME's history and the contributions that the Society has made to the overall CME tapestry. Highlights of those reflections and turning points will be shared at our Spring 2007 meeting.

In closing and returning to the metaphor of Medieval tapestries, it is easy to imagine the emotions shared by the artisans as they prepared the looms for a richly ambitious piece. Some must have been eager to begin; others undoubtedly were overwhelmed and in need of the master's reminder that even the grandest wall hangings were woven thread by thread. What will we in CME contribute to the emerging image as work on the tapestry of 21st century healthcare begins--rags or riches? Riches begin a thread at a time.

SACME Awards

Two SACME awards were presented at the spring meeting in Key West. The Distinguished Service Award in Continuing Medical Education is made to an individual who has made outstanding contributions to continuing medical education over an extended period of time. The Research in Continuing Medical Education award is for an individual or group of individuals who have made outstanding contributions to research in continuing medical education.

Gloria Allington, M.S.Ed. is the 2006 Distinguished Service Award winner. Unfortunately, Gloria was not able to attend the meeting to receive her award in person. As the first female president of SACME in 1995, Gloria capped a long-lasting commitment to SACME. She served as Chair of the Membership, By-Laws, Awards and Nominations Committees. She served as SACME Secretary for two terms and co-chaired the working group on "Future Directions for Academic CME and the Society" as well as the Society's "National task Force on CME/Health Care Reform". She also served on the Tri-Group Task Force on ACCME Accreditation. Other CME responsibilities include an active membership in the Alliance for CME and as an ACCME site surveyor.

Gloria's "day job" until earlier this year was Director of the Division of CME at University of Miami School of Medicine. She had also served as Administrative Assistant and nurse educator in the Division of Pediatric Surgery there.

Certainly Gloria has earned the award for outstanding contributions to SACME and CME over and extended period of time. Congratulations from all of us.

Paul Mazmanian, Ph.D. is the recipient of the 2006 SACME Research Award. As Associate Dean, Continuing Professional Development and Evaluation Studies and Professor of Family Medicine, Virginia Commonwealth

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University, Paul is involved in many scholarly activities for the School of Medicine. Examples include undergraduate and graduate curriculum development, and many research projects to study learning and change in the lives of physicians along with other translational research.

Paul has been active with SACME on both the Research Committee and Research Endowment Council. He has mentored many new researchers and continues to contribute to the CME research literature.

Since January 2000, Paul has served as the Editor of Journal of Continuing Education in the Health Professions taking it to the next level of quality including inclusion in Index Medicus and an on-line version of the journal.

Paul's scholarly work with SACME and the field of CME certainly qualify as outstanding contributions for which we are most grateful and congratulate him on this honor.

JCEHP Accepted Into Science Citation Index!

Of the 2,000 reviewed annually, only 10% are accepted

By Laure Perrier

JCEHP (*The Journal of Continuing Education in the Health Professions)* was recently accepted by ISI (International Science Index) for coverage in Current Contents / Clinical Medicine, effective with Volume 25(1), our issue dedicated to studies of physician migration.

Inclusion in the International Science Index (ISI) results in coverage within:

- Science Citation Index
- Journal Citation Reports

The recognized authority for evaluating journals, *Journal Citation Reports* presents quantifiable statistical data that provides a systematic, objective way to evaluate the world's leading journals and their impact and influence in the global research community. Acceptance not only involves a lengthy review process, but only about 10% of applicants are successful. Inclusion in ISI enables users to sort journal data by clearly defined fields including: Impact Factor, Immediacy Index, Total Cites, and Cited Half-Life.

The application to ISI was directed by Paul Mazmanian, Editor of JCEHP. In 2000, JCEHP was accepted by the National Library of Medicine to be listed with full coverage in Medline, starting with Volume 20. Listing with ISI is a logical step in JCEHP's progression as an international leader in high quality, academic publishing in the area of continuing education for health professionals.

Congress 2008

Every four years an International Congress of Continuing Medical Education is held in North America. This event has truly become an international meeting of organizations and individuals who are committed to promoting research and scholarship in continuing medical education.

The next CME Congress will be held on May 29-31, 2008 in Vancouver British Columbia. Congress 2008 is jointly planned by the Society and the University of British Columbia Office of Continuing Professional Development and Knowledge Translation. Several additional CME organizations will be invited to become partners or sponsors of this prestigious event. Please mark your calendars now and plan to attend this event! More information will follow but if you have any additional questions related to the purpose or focus of Congress 2008 please contact Dr. Craig Campbell at ccampbell@rcpsc.edu.

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

SACME Fall Program: Reforming CME: Whose Responsibility Is It?

By Nancy Davis, Ph.D., Program Chair

The SACME Program Committee is hard at work planning for the Fall meeting, held in conjunction with the AAMC annual meeting, October 27-30 in Seattle. SACME meetings will be held in the Grand Hyatt Hotel.

The meeting will kick-off with a Research Workshop to be held Friday, October 27, 1-5 p.m. The focus of the workshop will be soliciting research grants and writing grant proposals. This interactive workshop will be led by Dr. Glenn Regehr, University of Toronto.

Saturday's educational program will begin with "Multiple Initiatives for CME Reform" which will compare and contrast various initiatives to reform CME. Representatives of three major US initiatives will discuss their goals, priorities and implementation strategies. Following the presentations, there will be response from representatives of the credit and accreditation systems supporting the call for reform.

Presenters include:

Moderator: Michael Fordis, MD, President, SACME

AAMC: IIME & Dave's project—Dave Davis, MD

CMSS: Conjoint Committee—Bruce Spivey, MD

AMA: Initiative to Transform Medical Education-Barbara Schniedman, MD?*

Respondents: Alejandro Aparicio, MD, AMA; Nancy Davis, PhD, AAF; and Murray Kopelow, MD, ACCME

Other sessions include,

"Pay for Performance: The Role of CME" which will describe the role of CME in physician performance improvement as it relates to the pay for performance initiative of the Center for Medicare and Medicaid Services. Invited speaker is Trent Haywood, MD, Deputy Chief Medical Officer, Office of Clinical Standards and Quality, United States Department of Health and Human Services, who will describe CMS pay for performance strategies and CME's role. Discussant will be Norman Kahn, Jr, MD, Vice President, Science and Education, American Academy of Family Physicians.

"CME: Who Should Pay?", which will include a panel discussion of alternatives to pharmaceutical industry support of CME. Stephen Willis, MD, Associate Dean for CME, Eastern AHEC, North Carolina; and Van Harrison, PhD, Director, CME, University of Michigan Medical School are confirmed speakers. Other panelists will be added.

"Self Assessment Tools", led by Rynda Clark, MPA, Director of CME, University of California-San Diego, this session is a follow up from the very successful session at the Spring program and will offer a *practical approach to needs assessment to outcomes assessment.*

As always, space will be reserved for Hot Topics as they arise in the months prior to the meeting and SACME President, Michael Fordis, MD, will give a presentation on future directions of the Society.

SACME Committee meetings will be held on Friday and Saturday with the Business Meeting held at breakfast on Sunday, October 29.

On the morning of Sunday, October 29, the GEA Section will present a plenary session, "Assessment Across the Continuum" which will incorporate assessment of professional competencies. Additionally, the GEA CME Section will collaborate with SACME to present a related session on Monday, October 30.

There is a registration fee for the meeting outside of the AAMC registration, so be sure to register for the Society's meeting at the SACME website, www.sacme.org. Fall program information and materials will be posted soon. We look forward to seeing you in Seattle!

INTERCOM

SACME Listserv: sacme@lists.wayne.edu.

INTERCOM is published three times a year by the Society for Academic Continuing Medical Education, Executive Secretariat Office, 3416 Primm Lane, Birmingham, AL 35216; Telephone: (205) 978-7990; Fax: (205) 823-2760.

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

GEA/SACME Plenary Session at the Fall AAMC

By Lee Manchul, M.D., GEA CME section Chair

You are encouraged to extend your stay in Seattle to attend the GEA/SACME plenary session at the Fall AAMC meeting to be held on Sunday, October 29 from 10:30 AM to noon. The working title is "Getting to a Culture of Self Assessment across the Medical Education Continuum".

The session will look at self-assessment -- where we are and where we should go -- from both an individual and an organizational perspective, through the lens of the resident learner and the practicing health professional, focusing on the competency of practice-based learning and improvement. We will take a look at promoting a culture for self-reflection, and discuss some strategies to overcome barriers to self-assessment and self-reflection both at the individual and organizational level.

Kevin Eva who has published extensively on the subject of self-assessment and self-reflection in the health professions will provide a theoretical framework and pose some challenging questions about how we should promote self-assessment and how we can study its impact. We will also be asking a representative from a large organization to present the organizational perspective. We also plan to view self-assessment from the senior resident's perspective. We ask you to provide your suggestions and experience during the facilitated discussion.

The GEA steering committee has planned two concurrent focus sessions on Monday afternoon, October 30 from 1:30 to 3:00 PM to follow on from the theme of the Sunday morning GEA plenary:

1. Research questions and research strategies for Self-assessment across the continuum, and
2. Practical approaches to self assessment across the continuum. This latter 90 minute focus session will provide several short presentations on such methods of self/team/organizational assessment as: Morbidity and Mortality conferences, 360 degree feedback, and learning portfolios. We plan to allow plenty of time for participants to share their experiences with self/team/group/ organizational assessment and reflection.

It is expected that these two latter sessions will attract educators across the continuum including CME participants.

Fox Award 2006

By Gabrielle Kane, M.D., Ed.D., Chair, Research Committee

It gives me great pleasure to announce that **Dr. Craig Campbell** of the Royal College of Physicians and Surgeons of Canada is the winner of the 2006 Fox Award for the his research presentation at the Spring 2006 RICME meeting in Key West Florida "**AN ASSESSMENT OF A MATCHED PAIR INSTRUMENT TO EXAMINE PHYSICIAN-PATIENT COMMUNICATION SKILLS FOR PRACTICING PHYSICIANS."** This work was done in collaboration with Dr. Jocelyn Lockyer, University of Calgary, and described the development and validation of a communications skills questionnaire for physicians and their patients. Their findings were derived from questionnaire data from over 90 physicians matched with an average of 20 patients for each physician. Theoretically, self-assessment tools objectively identify gaps in competency. Self-assessment of communication skills is particularly problematic, but this work will contribute enormously to the construction of a psychometrically sound tool with broad applicability in the discipline of CME.

The annual Fox Award is given to the author of the best presentation for a completed research project at the Research in CME session at the SACME Spring meeting. A panel of judges assesses the merits of the completed empirical research projects, (qualitative and/or quantitative methods) and bases its decision on the projects' originality, relevance to CME, and potential to contribute to the literature. Craig and Jocelyn's project fulfills all these criteria.

Research Endowment Council Award Profiles

This issue of Intercom profiles one small grant award from the SACME Endowment Council awarded to Marisa Finlay, MD and Gabrielle Kane, MB, EdD, FRCPC of Princess Margaret Hospital, University of Toronto

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 web site for more information.

Breast Cancer Survivors and Continuing Medical Education in Health Advocacy

Marisa Finlay, MD and Gabrielle Kane, MB, EdD, FRCPC
Princess Margaret Hospital, University of Toronto

Abstract

There is significant interest in the components of Health Advocacy in the medical and allied health literature, especially with respect to health promotion and the determinants of health. Less is known about Health Advocacy as a distinct concept. Successful CME curriculum design addresses identified gaps in knowledge, skills, and attitudes in order to effect practice change and improve patient care. Typically, it is the physician who identifies both learning needs and outcomes that are relevant to his or her own practice. There is evidence that breast cancer patients and physicians have different perception of the relevance of components of patient education. As the concept of Health Advocacy is incorporated into Continuing Medical Education (CME), we need to ensure the voice of the patient is paramount.

This project aims to explore the differences and similarities between patient and physician experiences of Health Advocacy. We propose to map the matrix of perceived and non-perceived learning needs for a patient-centered CME curriculum.

This project will use qualitative methodology, with descriptive data collected from a series of focus groups with physicians and Patient-Survivors until data saturation is reached. All of the focus groups will analyzed for concepts and themes using Grounded Theory Methodology (GTM). The data will describe the opinions, ideas and perceptions of physicians and Breast Cancer Survivors to Health Advocacy, and there may be discrepancies between the phenomena identified by the two populations. This project will provide the preliminary data to design a Health Advocacy CME curriculum for oncologists.

2007 Summer Research Institute

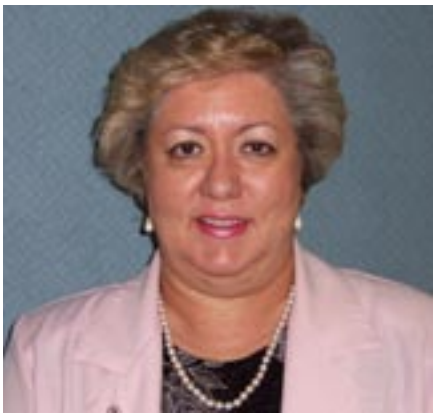
Every second year the Society for Academic Continuing Medical Education holds a five day Summer Research Institute which is intended to promote and enhance research in continuing medical education. The next research institute will be held in mid-June 2007 in Toronto, Ontario. The Society has developed some limited bursaries to assist individuals who are interested in participating. More details will be included in the next issue of Intercom! If you have any questions about the institute pleased do not hesitate to contact Dr. Craig Campbell, chair of the Research Committee at ccampbell@rcpsc.edu.

2006-2007 SACME Leadership

President, Michael Fordis

President Elect, Jocelyn Lockyer

Past President, Marty Hotvedt



Vice President, Melinda Steele

Pictures from Key West, 2006 Spring Meeting

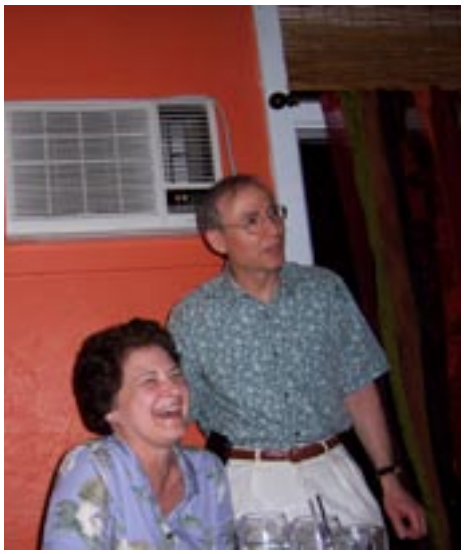
And the meeting begins

Presidential Award

Trains to sunset sail

Sailing for the sunset

Presidential Roast



What did he say?

Southernmost point

Eeww... stogies, poker, and strange players

Town hall meeting Sunday morning

Need some $$ to fund your brilliant research idea?

Check out these SACME Endowment Council grant deadlines

1. Small $5,000 grants
   Applications are due October 1, 2006.
2. Manning Award
   Letter of intent due Aug 1, 2006, and, if LOI is accepted, the grant application would be due October 1, 2006.

Check the web site for these updates and more!

News from the AMA... "Jump Start for PICME"

By Sue Ann Capizzi

Assistant Director, AMA CPPD Division

For some time now, the CME community has been the subject of much criticism and misinformation about the effectiveness of our "product." And while much of this criticism is undeserved and unwarranted, it may stem for our (the CME profession) not being very good at demonstrating or telling the story of what CME can and does do. To some degree CME has been marginalized in the eyes of the public, regulators and even the medical profession. If CME is to maintain a pivotal role in healthcare in the future, we need to change this perception and we need to change it fast. And I wonder if "jump starting" Performance Improvement (PI) CME (the model approved for credit by the AMA and the AAFP) might just be the key to our future survival.

Today's reality is that new regulations and demands including, MoC®, MoL and P4P, have physicians shaking their heads and asking, "How do we meet all of these requirements and still have time to practice?" Not surprising given the current environment, each of these initiatives has evaluation of performance in practice as a major tenet. So it would appear that there might in fact be an opportunity for CME to connect the dots and provide programming that meets multiple needs for physicians.

The AMA and other organizations are already asking the question: "Is Performance Improvement CME the answer to these multiple reporting requirements for physician performance data?" The regulators and the profession are pondering this question. Meetings are being convened with AMA CMS, FSMB, ABMS Boards and others and it would appear that there might be some receptivity to this concept. But this raises an even more critical and challenging question: "Is the CME enterprise ready and will it be able to deliver quality PI CME in sufficient quantities to meet physicians' regulatory and other credentialing needs?" Said another way, can we ramp up PI CME and show, once and for all, what CME can really do?"

While CME has always been good at developing interventions, one of the challenges that we face with PI CME is how to get physician performance data. Where do we find reliable, nationally endorsed performance measures that can be used to gather data and can be the basis upon which a PI intervention/PI CME can be built? And while we are thinking about this, would it further increase the value of PI CME if the measures we selected were already recognized by CMS and other payers?

Finding such a source will certainly help us "jump start" PI CME, and as it happens, at least one such source does exist. The Physician Consortium for Performance Improvement (www.physicianconsortium.org) a collaborative organization of more than 70 specialty and state medical societies, AHRQ, CMS and others is well on its way to becoming the leading source for evidence-based clinical performance measures and outcomes reporting tools for physicians. To date the consortium has developed and released over 93 performance measures on 16 clinical topics, many of which have been National Quality Forum (NQF) endorsed and also selected for the CMS Doctor's Office Quality Information Technology Program. A visit to the consortium website will provide a wealth of information about these performance measures and how they may be used.

The "aha!" for CME providers is that all of these Consortium performance measures are ripe for adaptation to PI CME, so the spark to jump start PI CME is right at our fingertips. The time to demonstrate what CME can do is now. Let's connect the dots from the Consortium measures to PI CME and help doctors to meet the performance reporting requirements of payers and regulators. *Let's demonstrate the value of CME better than we have ever done before!*

Utilizing the Listserv to Conduct Surveys

By Joyce M. Fried
Chair, SACME Communications Committee

One of the responsibilities of the SACME Communications Committee is to provide oversight of the SACME listserv. This includes ensuring that it continues to be a useful resource, while maintaining respectful communications. This has its challenges since one woman's meat is another woman's poison. For example, some of our members like to receive all the chatter and actively participate in all conversations, whereas others feel bombarded and therefore annoyed by the volume of emails they may receive on a given day.

One of the uses members make of the listserv is to conduct surveys to answer operational or research questions. In order to ensure that the listserv is the appropriate forum for a given survey and that the topic has not been adequately addressed in the recent past, the committee has developed some simple guidelines and criteria. These are not meant to be onerous but rather to protect the general welfare of the majority of the membership. The criteria include:

* Surveys must be forwarded to the Communications Committee for review and approval.

* Requests must come from a SACME member.

* The survey and its results need to benefit SACME in some way.

* If the survey is part of a research project that is intended for publication, IRB approval must be obtained.

* The requester must agree to submit a summary of the results of the survey to SACME for dissemination.

* When surveys that have gone through the appropriate process get posted, they will include the following sentence: "The request to post this survey was submitted to the SACME Communications Committee and approved for distribution."

Several members of the Communications Committee have expertise in the area of survey design and it is hoped that these guidelines and the review process will contribute to making the survey a sound instrument that will really yield the best possible and most useful information. This process will, in turn, be beneficial to the membership as a whole.

SACME Listserv

By David Pieper, Ph.D.

For any member not currently on the listserv, this is one of the features of SACME membership and you may wish to join. In order to do so, please send an email to mailto: sacme@primemanagement.net from the email where you want the listserv postings to be sent.

Some of you who do not wish to receive a lot of postings from SACME but wish to stay on the listserv may wish to change your setting to "DIGEST". This way you will receive only one posting per day with all the messages for that day. If you wish to do this, go to http://www.wayne.edu/archives/sacme.html, click on "Join or Leave the list (or change settings) and follow the instructions to change your setting to Digest.

The SACME and SMCDCME Listserv Archives are also available. The best way to access them is to go to through the SACME website, members only page: http://www.sacme.org/members_only/sacme_listserv.htm#tips.

INTERCOM
Newsletter of the Society for Academic
Continuing Medical Education
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Birmingham, AL 35216

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UPCOMING EVENTS

17th Annual Task Force on
CME Provider / Industry Collaboration
Sponsored by the American Medical Association
Baltimore Marriot Waterfront Hotel
Baltimore, Maryland
Contact: www.ama-assn.org/cmetaskforce

2006 Fall SACME meeting
October 27 - 29, 2006
in conjunction with 2006 AAMC Annual Meeting
October 27 - November 1, 2006
Washington State Convention & Trade Center
Seattle, Washington
Contact: Jim Ranieri, SACME Executive Secretariat
205-978-7990

CME as a Strategic Asset for Physician Self Assessment
Sponsored by the Conjoint Committee on CME
November 16, 2006
Chicago, Illinois

32nd Annual Alliance for CME Meeting
Improving Collaboration to Balance Stakeholder Interests
January 17 - 20, 2007
JW Marriot® Desert Ridge Resort & Spa
Phoenix, Arizona
Contact: www.acme.org

2007 SACME Spring Meeting
March 28 - April 1, 2007
Copper Mountain, Colorado
Contact: Nancy Davis, ndavis@aafp.org

CME Congress 2008 and Spring SACME meeting
May 29 - 31, 2008
Sheraton Wall Centre
Vancouver, British Columbia Canada
Contact: Craig Campbell, ccampbell@rcpsc.edu