

SACME FALL PROGRAM: OCTOBER 28, 2006 SEATTLE

By Nancy Davis, PhD, Chair, Program Committee

This year's fall program promises to be a hit. The opening session on CME Reform was made even more timely with ACCME's distribution of their new "Updated Accreditation Criteria: CME as a Bridge to Quality" in September. CME reform initiatives from AAMC and AMA will be discussed along with Canada's revalidation initiative. Representatives of US accreditation systems will discuss their role in CME reform. Next a timely discussion of the role of CME in quality improvement and pay for performance will be presented by Norman Kahn, MD, AAFP and Kenneth Fink, MD, CMS. New ways of thinking about funding CME will be presented by a panel led by Luanne Thorndyke, MD. This provocative discussion will engage participants in considering alternative funding as well as new approaches to commercial support.

As always, SACME will spotlight research in CME with presentations by those who have received funding from SACME's Research Endowment Council.

President, Michael Fordis, MD will present his vision for SACME and the educational program will end with a more in-depth discussion of ACCME's new criteria led by Barbara Barnes, MD, ACCME Board member.

Please get involved with one of the several open committees. It's a rewarding way to get to know SACME and its members. If you're new to SACME or just want to learn more about what is going on, the New Member Orientation session is for you. The business meeting breakfast will address current business of the Society including recent Bylaws changes and plans for future meetings.

For more information contact me at ndavis@aafp.org or SACME website: www.sacme.org



Save the Date for Spring 2007

The SACME Spring Meeting will be in Copper Mountain, Colorado, March 28-April 1 (no foolin'). The snow will still be good if you want to hit the slopes. Or if you'd rather stay at the base, there will be many activities there as well. One thing is for sure, the education and camaraderie will be as spectacular as the view. Watch the website for details. See you there!



The Village and Ski lifts at Copper Mountain

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FROM THE PRESIDENT

By Michael Fordis, MD

Opportunity for Change

In my previous column I proposed that SACME explore the potential to partner with the Accreditation Council for Continuing Medical Education (ACCME) and the American Medical Association (AMA) in investigating alternative models of accreditation and credit; focusing greater attention on behavioral change and health outcomes rather than on the more familiar educational process indicators that have been the primary metrics of traditional CME accreditation. Since that time, through the listserv a number of SACME members have expressed interest in participating in such explorations and/or experiments. An opportunity is at hand.

On September 6, 2006, the ACCME released its Revised Model and Updated Criteria.¹ At first read, with its three levels of accreditation and 22 criteria, the Updated Criteria, might seem to be a revolutionary departure from earlier requirements. However, closer examination reveals changes that are more evolutionary rather than revolutionary in nature—each building upon the ACCME's prior efforts, transitioning now to a more outcome focused orientation.

Implementation of the new three-level model and updated criteria provides opportunities for research designed to answer a range of questions. How might academic medical centers, teaching hospitals, professional societies and others in academic CME provide leadership in developing effective models for change that can inform the CME/CPD enterprise? How might improvement in outcomes of CME/CPD programs under the Updated Criteria be enhanced by additional experimentation in the structure of credit? What role should existing and emerging technologies play in creating and expanding collaborative research partnerships that have the potential to affect change across the healthcare landscape? Answering these questions, as well as others that readily spring to mind, can provide operational insight regarding accreditation to ACCME and guidance regarding credit to the AMA.

Both the ACCME (Murray Kopelow, personal communication) and the AMA (Alejandro Aparicio, personal communication) have expressed enthusiasm



for exploring with SACME strategies for collaborative examination of key issues relative to *CME as a Bridge to Quality*. We will be adding a presentation to our 2006 Fall Meeting (Seattle, October 27-29th) providing an opportunity to discuss the new ACCME model and Updated Criteria and to explore opportunities for SACME to collaborate with the ACCME, the AMA, and other organizations in experiments to test how the new system can be used in promoting healthcare quality. The choices that SACME makes now are important in establishing the role that we will play in the near- and longer-term future of American healthcare. Join us in Seattle in setting a path to a future that holds the potential for reshaping CME/CPD and measurably improving clinician competence and performance and ultimately healthcare quality.

1. Accreditation Council for Continuing Medical Education. "CME as a Bridge to Quality." Updated Accreditation Criteria: Background--Explanations--Timeline. September 2006; http://accme.org/dir_docs/doc_upload/7ac66e27-3ed0-4b83-854d-ce5a8ed82099_uploaddocument.pdf. Accessed October 5, 2006.

Mark Your Calendar!!

2007 Summer Research Institute

Mid June 2007

Toronto, Ontario

Contact: Craig Campbell, MD

ccampbell@rcpsc.edu

GEA SESSIONS AT THE AAMC MEETING

By Lee Manchul, MD

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 28 from 10:30 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 AM 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.

UME, GME and CME Focus Session at the AAMC Meeting in Seattle Monday October 30, 2006 1:00PM to 2:30PM

How Did I Do Today? Practical Approaches to Self-assessment Across the Medical Education Continuum

Moderated by: Nancy Ryan-Lowitt, MD, University of Maryland; Mark Gelula, PhD, University of Illinois at Chicago

Goals for the Session:

This 90-minute focus session, intended for medical educators, residents, fellows and students from the UME, GME and CME fields, will pursue the theme of the Sunday morning GEA plenary session "Creating a Culture of Self-assessment Across the Medical Education Continuum". This focus session will provide participants an opportunity to discuss and reflect upon

practical strategies and best practices to promote self-assessment and self-reflection across the medical education continuum.

The session will provide a series of four brief ten-minute presentations describing best practices in self-reflection and self-assessment from invited experts across the medical education continuum. This will be followed by a large group facilitated discussion, giving an opportunity for participants to share their experiences and suggest future directions.

Program:

Introduction to the session
Nancy Ryan-Lowitt, MD

Promoting Self-reflection through Faculty Development
Pat (Ricky) Bass, MD
University of Louisiana

Self-assessment: A view from the perspective of the medical specialist and the accreditation organization
Gabrielle Kane, MD, EdD
University of Toronto

The Resident Portfolio as a Strategy for Self-assessment
Mark Gelula, PhD
(Presentation of a literature review and research activity being undertaken by Melanie Vincent, MD)

Self-assessment and Reflective Practice for Medical Students
Elaine Dannefer, PhD
Case Western Reserve University

Facilitated large group discussion: Sharing best practices in self-assessment and self-reflection
Nancy Ryan-Lowitt and Mark Gelula

UPDATED ACCREDITATION CRITERIA AND PARTNERSHIP OPPORTUNITIES FOR SACME

By Murray Kopelow, MD, MS (Comm) FRCPC
Chief Executive

Accreditation Council for Continuing Medical Education

On September 6, 2006, the Accreditation Council for Continuing Medical Education (ACCME) released enhancements to its requirements and policies, in keeping with ACCME's strategic imperative to *"support a continuously improving and evolving ACCME accreditation system that enables physicians to enhance their professional strategies and performance-in-practice"*¹.

The response has been overwhelmingly positive – and this positive response has come from the leadership within and beyond CME. For example,

Bob Fox, Professor of Adult and Higher Education, University of Oklahoma wrote,

"The new system marries quality with the research. It is very rewarding and gratifying to me to see all of the years of so many of us have contributed to building a knowledge base transformed so well into criteria that will improve the learning and performance of clinicians and the health of patients. ... I can now see an alignment of research, ACCME standards, and financial support. What is next for all of us is to enhance the competencies of CPD providers. With that coming in the future, it will all line up and patients will benefit most of all."

James Thompson, President and CEO of the Federation of State Medical Boards wrote,

"The new accreditation elements will prove to be valuable in the national initiatives to assure competence of physicians. This level of activity is just what has been needed to place the continuing medical education community at the forefront of improving quality in the practice of medicine."

The ACCME's Updated Criteria and Revised Model are designed to align the goals of CME providers with the goals of CME learners. Both are being asked to demonstrate their abilities and both are being asked to demonstrate change and improvement.

This demonstration of a provider's **ability** will be through the provider's self-assessment, or self-audit², of *"changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions (from Criterion 11³)"* and *"an analysis on the degree to which the CME mission of the provider*

has been met through the conduct of CME activities/educational interventions (from Criterion 12)."

The demonstration of a provider's **improvement** will again be through the provider's self-assessment, or self-audit, when the CME provider,

"... identifies, plans and implements the needed or desired changes in the overall program ... that are required to improve on ability to meet the CME mission (Criterion 13)."

"... demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed (Criterion 14)."

"... demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured (Criterion 15)."

Duffy and Holmboe² have made the case that *"physicians can reliably self-administer assessments of competence ... however, these assessments must be carefully structured and externally audited to ensure their veracity."* A case can be made for this statement being equally applicable to the self-assessment of ability ACCME is asking CME providers to perform.

The face-validity, or credibility, of the entire CME enterprise rests on the data produced through providers' self-assessments.

As we have so often quoted from Robertson, Umble and Cervero⁴, *"On the research front, primary studies and syntheses no longer need to ask if CE, in general, improves practice or other outcomes because there is so much evidence that many kinds and combinations can do so."*

Now is the time to apply what we have learned from this research – and to learn more through further research. The ACCME has never dictated the 'structure' of a provider's self-assessment – and has no plans to do so. However, it is clear that there is a significant research and development opportunity here. There is an opportunity for the academic CME community to provide leadership in terms of developing and evaluating strategies for provider and learner self-assessment that meet the standards for 'veracity' described by Duffy and Holmboe².

All of us will benefit if the CME research enterprise turns its

attention to these new areas of inquiry. It is fine for evaluation level data and information to exist for accreditation purposes. However, it would be very valuable if, in parallel, research level data and information could become available, for example **a)** on the reliability and validity of quantitative measurements of changes in knowledge, competence and performance in the context of CME; **b)** from qualitative measures of CME effectiveness so we move beyond attempting to only perform randomized controlled trials; and **c)** at the program level, on sensitive and specific methodologies for identification of “*the needed or desired changes in the overall program*” that would have a strongly positive predictive value to the provider.

In the past, CME has been dismissed as ineffective because of some observers’ perceptions of the quality of the CME data available. It would be important if this was not repeated in the context of the Updated Criteria and what they can mean, now that we have placed “*the continuing medical education*

community at the forefront of improving quality in the practice of medicine.”

The ACCME looks forward to working with the CME community as it considers its future CME research agenda.

References

- 1) ACCME Strategic Plan (available at www.accme.org)
- 2) Duffy FD and ES Holmboe, JAMA, 296(9),1139, 2006
- 3) ACCME Updated Accreditation Criteria, September 6, 2006 (available at www.accme.org)
- 4) Robertson, M.K., Umble, K.E., & Cervero, R.M. (2003). Impact studies in continuing education for health professions: Update. Journal of Continuing Education in the Health Professions, 23(3), 146-156

CALL FOR NOMINATIONS

By Marty Hotvedt, PhD

Immediate Past President and Chair, Nominating Committee

Based on our new bylaws, “the Nominating Committee shall be comprised of the Regional Representatives, the Immediate Past President who shall serve as Committee Chair, and the Vice President who shall serve as Co-chair. The Executive Secretariat shall serve as Auditor. The Nominating Committee shall request nominations from the membership for all positions scheduled for balloting in the upcoming election and shall do so at least 45 days prior to the Annual Spring Meeting.” Therefore, as Immediate Past President and Chair of the Nomination Committee, I request nominations from the membership for the following leadership positions:

- Western Regional Representative
- Central Regional Representative
- Council of Academic Societies Representative to the Association of American Medical Colleges
- Vice President
- Secretary (with our new bylaws we have the new position of Secretary which will serve two years)

Our Executive Secretariat will accept nominations for these positions until close of business on December 15, 2006. The Nomination Committee will then ensure that

all nominees are voting members in good standing and will confirm that each nominee is able and willing to serve. If additional nominees are necessary, the Nominating Committee will complete the slate of candidates. The Nominating Committee will conduct its responsibilities during January and a slate of candidates will be presented to the membership to vote electronically by the end of January with the close of elections by the end of February. This will ensure that the election process is completed well before the next Annual Meeting.

It is extremely important that SACME maintain its strong leadership in CME. Therefore, it is vital for you as a member of SACME to nominate yourself and/or your colleagues for the open positions. It has been a privilege and a very rewarding experience for me to be involved in the leadership of SACME and I know that you will find the extra work well worth the effort.

Please contact me with any questions. Please send your nominations to Jim Ranieri at the home office of the Executive Secretariat.

Thank you for your support!

AMEE & SMILE: WORTH THE TRIP ACROSS THE POND

By Nancy Davis, Ph.D.

This year's Association for Medical Education in Europe (AMEE) had a bonus—a pre-conference named SMILE (Symposium on **M**edical **I**nteractive **e**Learning). It was a stretch to make the acronym work, but it was definitely worth smiling about. Conference planners expected about 75 participants but had more than 300. Held in a former monastery on the Mediterranean Sea in Sestri Levante, Italy, this was a face-paced conference with a lot of sharing of best practices. The keynotes included Allison Rossett, PhD, San Diego State University who convinced us that integrated, blended learning formats is the way to go. Read more about Dr Rossett's work: <http://edweb.sdsu.edu/people/ARossett/ARbiblio.html>

Next, David Cook, MD, Assistant Professor of Medicine, Mayo Clinical College of Medicine, gave an evidence-based presentation about e-learning formats and encouraged the audience to focus more on researching various methods of on-line learning rather than comparisons of e-learning to other modalities, which inherently have too many confounders to be valid. Read more about Dr. Cook's work: <http://mayoresearch.mayo.edu/mayo/research/staff/publications-listed.cfm?personid=13019694>

The AMEE meeting, similar to our AAMC meeting, has grown from a few hundred five years ago to an audience of 1,800 this year. The opening plenary included Allison Rossett, PhD, presenting, "What medical educators can learn from educators in business and government". Again the theme was around blending learning formats. Next, Brian Hodges, MD, Director, University of Toronto Wilson Center for Research, presented, "Medical education and the maintenance of **in**competence." It was a catchy title for his message that medical education moves through a number of "discourses in competency" including competence as knowledge (as learned from Harrison's text); competence as performance (Miller's pyramid); competence as reliable test scores (Chronbach's alpha); and competence as reflection (Schoen). Dr. Hodges contends that students who don't perform well in a particular discourse are labeled "incompetent."

The conference provided numerous concurrent sessions and over 200 posters. A few of our Canadian SACME colleagues were there presenting posters and workshops, including Karen Mann, Gabrielle Kane, and Joan Sargeant. Dennis Wentz was another familiar face. The conference is conducted in English and most are quite proficient. This year most of a day was devoted to CPD. There were several randomized control trials of the effectiveness of CME/CPD, including one from the UK that proved lecture-based CPD was effective in changing

practice among health care professionals! There were several AMEE presentations from veterinary schools (we don't see that at AAMC) which showed that medical education is much the same, only the patients vary. Additionally, there were several sessions presenting the various mechanisms European countries are implementing CME/CPD credit and accreditation systems.

The Europeans would like to have more American involvement. If you can find a few spare Euro in your budget to attend, you will definitely find this conference rewarding. The 2007 conference will be held in Trondheim, Norway, August 25-29. To learn more about AMEE and the conference: www.amee.org



Nancy Davis -- Enjoying the view in Italy at the AMEE and SMILE meetings



Dennis Wentz and Gabrielle Kane discuss proceedings of the 2006 Association for Medical Education in Europe conference held September 16-18 in Genoa, Italy

EXECUTIVE SECRETARIAT REPORT

By Jim Ranieri, MPH, MBA, SACME Executive Secretariat

Membership renewals for the 2006-2007 fiscal year are underway. Thanks to those that sent their payments in so promptly bringing our 2006-2007 membership to a total of 173. Those that have not renewed yet, please contact me if you do not have a record of your invoice.

Some interesting membership notes:

Membership is steady. SACME ended the 2005-2006 fiscal year with 240 members, a slight decrease from the 242 members at the end of 2004-2005.

Membership is changing. 71 current SACME members have joined the organization since 2003. This is over 25% of the membership. 115 current SACME members - nearly half! - have joined the organization since 2001.

The following members have been confirmed since September of 2005:

Tracy Allgier-Baker, Director of Continuing Education, Penn State College of Medicine, Hershey, PA

Susan A Ballagh, M.D., Assistant Dean for Continuing Medical Education, Eastern Virginia Medical School, Norfolk, VA

Ruth Bankey, M.A., Ph.D., Research Associate, Center for Learning in Practice, The Royal College of Physicians & Surgeons of Canada, Ottawa, ON, Canada

Kathleen Brooks, M.D., M.B.A., M.P.A., Assistant Dean, CME, University of Minnesota Medical School, Minneapolis, MN

Joshua Callman, Ph.D., Director, Office of Continuing Medical Education, Stanford Medical School, Stanford, CA

Vernon Curran, Ph.D., Director, Academic Research & Development, Memorial University of Newfoundland, St. John's, NS, Canada

Deedra A Donley, MSOM, Associate Director of CME, The School of Medicine of the University of North Carolina at Chapel Hill, Chapel Hill, NC

Dawn Durivage, Director, CME, University of Toledo, Toledo, OH

Terri Farnham, Business Manager - Center for Continuing Education, Dartmouth - Hitchcock Medical Center, Center for Continuing Education in the Health Sciences, Lebanon, NH

Lori R Gourley, M.B.A., Director of CME, Northeastern Ohio Universities College of Medicine, Rootstown, OH

Katherine Grichnik, M.D., Associate Dean of CME, Duke University School of Medicine, Office of CME, Durham, NC

Kendall Ho, M.D., FRCPC, Associate Dean Continuing Professional Development & Knowledge Translation, University of British Columbia, Faculty of Medicine, Vancouver, BC, Canada

Brooke N Johnson, Manager, Accreditation & Joint Sponsorship, Duke University School of Medicine - Office of CME, Durham, NC

Doug Klein, M.D., CCFP, M.Sc., Assistant Director, University of Alberta, Continuous Professional Learning, Edmonton, AB, Canada

Drucilla A Papafil, CME Assistant Director, Eastern Virginia Medical School, Norfolk, VA

Brian M Peterson, Administrator, Mayo School of Continuing Medical Education, Mayo Clinic, Rochester, MN

Jennifer Price, Director of CME, Albany Medical College, Albany, NY

Deborah A Samuel, M.B.A., Director, Division of CME, American Academy of Pediatrics, Elk Grove Village, IL

Joseph L Seltzer, M.D., Senior Associate Dean of CME, Faculty and Alumni Affairs, Jefferson Medical College of Thomas Jefferson University, Philadelphia, PA

Melinda M Somasekhar, Ph.D., Director, Temple University, Philadelphia, PA

Vicki Tegethoff, R.N., M.H.A., Director, Continuing Medical Education, Washington University School of Medicine, Saint Louis, MO

Thomas E Tenner, Jr., Ph.D., Interim Associate Dean for Faculty Affairs and Development, Professor, Texas Tech University Health Sciences Center, Lubbock, TX

George Topulos, M.D., Director of Educational Programs, Harvard Medical School, Department of Continuing Education, Boston, MA

Derek Warnick, M.S.P.T., Senior CME Associate, Jefferson Medical College, Philadelphia, PA

Debra White-Coleman, M.D., Deputy Director, Howard University College of Medicine, Office of CME, Washington, DC

Bernhard L Wiedermann, M.D., Director, Medical Education, Children's National Medical Center, Washington, DC

MEDBIQUITOUS ANNUAL CONFERENCE 2007: COMMON GOALS, COMMON SOLUTIONS

APRIL 16-18, BALTIMORE

MedBiquitous is the ANSI-accredited developer of information technology standards for healthcare education and competence assessment. MedBiq members are creating a technology blueprint for professional healthcare education. Based on XML and Web services standards, this blueprint will seamlessly support the learner in ways that will improve patient care and simplify the administrative work associated with education and competence assessment.

This year's conference promises to be bigger and better than ever. Plenary sessions, workshops, panels and innovative demonstration will focus on the following topics as applied to healthcare education: virtual patients, microsimulations, e-learning and reusable learning objects, SCORM for Healthcare, instructional design, learning management, competency frameworks, learning

outcomes, evaluation metrics, digital CME certificate, maintenance of certification, self assessment, point of care learning, E-portfolios, communities of practice, patient education, educational games, professional profile data interchange, and web services for education.

This conference is useful for CME professionals and their web-development partners. The MedBiquitous Executive Committee is seeking high-quality abstract for half-day workshops, panel presentations, and technology demonstrations for the conference topics listed above. Abstracts are due November 1 and may be submitted online.

Visit the conference website for details http://www.medbiq.org/events/conferences/annual_conference/2007

INTERCOM EDITOR --- HANDING OVER THE REIGNS

By Melinda Steele, M.Ed.; Editor in Chief

When I first joined SACME many years ago I never envisioned that somewhere down the road I would progress through working on so many committees, leading the efforts of program planning for a long stint and ultimately being elected to the leadership track last spring. I certainly *never* imagined being the editor of INTERCOM! As I was finishing my tenure as Chair of the Program Committee (and being ever so thankful I had found someone to take on that function after me), Joyce Fried approached me to ask if I would consider taking on the role of INTERCOM Editor. Flattering as that request was, I felt very ill equipped to handle the job. After all, Joyce had big shoes to fill as she had significantly raised the bar on quality expectations. I did not accept at first, but after Joyce ever so persistently assured me that she would remain involved with INTERCOM and that she would provide

me with whatever support and guidance I required, I reluctantly agreed.

My oh my, what an experience it has been! True to her word, Joyce has been ever present whenever I needed an opinion or input. She met with me whenever I asked her to and did a wonderful job of training me in the process and procedure of editing and producing the newsletter. I unexpectedly looked forward to scoping out the list of potential articles for each issue and enjoyed working with the authors for each topic. Jim Ranieri made the whole process even easier with his efficient work with the designer on layouts and the publisher to get each issue printed and in the hands of the members. It was extremely gratifying to



see each issue take shape and be published. The addition of the “hot links” in the on line version (with the help of Anne Taylor Vaisey and Jim Ranieri) was a proud and beneficial accomplishment for all of us. The article that was my favorite to solicit, edit and publish was Melinda Epperson’s account of Hurricane Katrina and its impact on the CME Office at Tulane. I can tell you this without any reserve because many of you told me it was the best and most touching article to appear in INTERCOM in quite some time.

After enduring the jests that I would Texas-ize INTERCOM and turn it into a down-home cowboy publication, I can honestly say that the role of Editor in Chief of the INTERCOM for SACME has been one of my most enjoyable and gratifying experiences in SACME. My thanks to all of you who participated as authors, contributors and readers. It has been a great experience.

With the January 2007 issue, a new editor will be taking over. David Pieper has agreed to take the helm. David has experience in this role as he is just stepping down as editor of the *Almanac* for the Alliance for CME.

Dave Pieper has a Ph.D. in Medical Physiology and has a background in medical research in addition to a background in the continuum of medical education at the undergraduate (pre-med), medical student, graduate and continuing medical education levels. Six years ago, he moved more

into the CME area by accepting the position of Assistant Dean in charge of CME at the Wayne State University School of Medicine. Dr. Pieper has published articles and chapters in a broad spectrum of biomedical research topics including basic science, clinical medicine and medical education. He was the Editor-in-Chief for the Alliance for



CME *Almanac* for the last three years. He is currently the Administrator for the SACME Listserve and Chair-elect of the SACME Communications Committee. When not at work, Dave and his wife Barb, who is also a professor at Wayne State, like to spend time with their new grandson and to travel. In the last few years, they have taken trips to China, Japan, South America and Africa.

Please join me in welcoming David to this new role. Let him know if you have ideas for ways to improve INTERCOM.

THE “NEARLY” BIENNIAL SURVEY

By Jack Kues, PhD

The results of the 2006 Biennial Survey are scheduled to come out before the end of the year. This is a transition year as Van Harrison is handing the survey over to Jack Kues. Some of the delay this year has been due to an extensive review of the survey questions. Over the years, each survey has been a compilation of repeated questions to examine trends, and questions that capture information on timely, and time-sensitive, topics. The result has been that it keeps growing with each survey. Past survey results are available on the SACME Web Page (www.sacme.org). The wide use of survey data by both SACME members and others is a tribute to Van and his staff at the University of Michigan along with all of the SACME members who have taken the time

to conscientiously answer detailed questions about our CME operations.

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

Congress 2008 will be held in Vancouver British Columbia on May 29-31, 2008. This prestigious CME congress is an international meeting of CME professionals throughout the world and is a wonderful opportunity to review recent research, innovation, and best practices in continuing health education. The scientific program committee will include for the first time a group of international CPD leaders from Asia, Europe, Australia and South America led by Dr. Grace Tang, President of the Academy of Medicine in Hong Kong. The scientific program committee will be charged with identifying the key themes and speakers for the Congress and for creating an exciting program

or research papers, workshops, seminars and discussion forums. If you are engaged in the generation, dissemination, or translation of research in continuing health education then this is one conference that you must plan to attend. Congress 2008 will be the spring meeting of the Society of Academic CME and the Canadian Association of Continuing Health Education in Canada. We hope to announce further partners and sponsors for Congress 2008 in the months ahead. Please mark these dates on your calendar. You will not be disappointed! For further information about Congress 2008 please contact Dr. Craig Campbell at ccampbell@rcpsc.edu

NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

By Alejandro Aparicio, MD, FACP

The second working conference of the Initiative to Transform Medical Education (ITME), convened by the American Medical Association, took place in Chicago from September 24-26, 2006. Besides the AMA, the conference was partially supported by a grant from the Department of Health and Human Services, Agency for Healthcare Research and Quality.

The aim of ITME is to promote excellence in patient care. This aim will be achieved by reforming the continuum of medical education, from the pre-medical years through continuing physician professional development. ITME is based on the understanding that excellence in patient care is, in part, dependent on a diverse physician workforce, well educated and prepared to work for the greater benefit of patients and society.

The origins of ITME date back to a report of the Council on Medical Education of the AMA to the House of Delegates in June 2002. Titled "Comprehensive Reform at the Interface of Medical Education and Healthcare," it called for a comprehensive initiative involving all pertinent areas within the AMA, as well as outside groups. The initiative was to focus on several related goals including the creation of a medical education system that will "...prepare physicians-in-training to provide medical care in the context of the changing healthcare environment ..." including the ability to "...continually update their learning ..."

The next step was the formation of a "Blue Sky" planning committee, comprised of members of the Council on Medical Education, which started its work by reviewing 14 reports that had called for medical education reform. The work of the planning committee led to a recommendation from the

Council on Medical Education to further broaden the effort and form the ITME leadership group with representation from the Council, the AMA Board of Trustees, the Section on Medical Schools, the Resident and Fellow Section and the Medical Student Section. That leadership group continues to lead that initiative today. The AMA House of Delegates continues to remain informed through reports from the Council¹.



Phase 1 of the work of the leadership group was to identify the strengths and gaps in the preparation of physicians and culminated in December 2005 with the first working conference of ITME. The report from this conference² formed the basis for the work of Phase 2, which is to design strategies for change in medical education, and involve the stakeholders that are needed to implement that change. The second working conference that took place earlier this month was a critical component of this work.

The second working conference brought together physicians, educators, students, as well as other professionals from industry, government and members of the public. This diverse group of over 100 individuals was charged with identifying changes that would address the gaps/problem areas in the preparation of physicians as defined in Phase 1 of ITME. The work over the 2-day conference was intensive but the enthusiasm of the group was equal to the task. All stages of the education continuum

were very well represented. The CME community was no exception, including several members of SACME, as would be expected when we consider that a physician spends a lot more years working on their continuing professional development than all previous stages added together.

The results of the conference will be summarized and the report that will result from it will lead to Phase 3 of ITME: Implementation. This phase, which is expected to last from 2007-2010, and perhaps beyond, will strive to put into action the changes needed. This will only be possible through a broad-based consensus and collaboration from all stakeholders involved in the medical education continuum. Based on the enthusiasm and hard work of everyone present, the building of consensus and collaboration has already started.

In other news from the AMA, interest in Performance Improvement (PI) CME, the format approved by the AAFP and by the AMA in 2004, continues to increase. At this year's annual

meeting of the AMA, which took place in June in Chicago, the Council on Medical Education hosted an educational session on Performance Improvement CME, in the context of multiple performance measurement report requirements, currently in place or being planned. The panel of discussion was excellent and again SACME was well represented. For more information about the session, and about PI CME, you may want to look at the recent edition of the CPPD Report³, which includes an article by Dr. Barbara Barnes on her experience with implementing PI CME.

Finally, if any of you have suggestions for other topics you would like to see addressed in this column, please contact me. And, especially, contact me if you have any suggestions on how to improve it.

1 <http://www.ama-assn.org/ama1/pub/upload/mm/471/cme3A06.pdf>

2 <http://www.ama-assn.org/ama/pub/category/16866.html>

3 www.ama-assn.org/go/cmecppd

SUMMER RESEARCH INSTITUTE

Every two years the Society of Academic CME holds a summer research institute. In 2007 the institute will be held in Toronto, Ontario, Canada in June 2007. This 4 day research institute provides individuals with an opportunity to explore research opportunities, develop research skills or design a research proposal. Through a series of lectures, seminars and individual self-study the institute provides a wonderful opportunity to learn within an enthusiastic and committed community of learners

and to be mentored by individuals with experience and expertise in various aspects of research. If you have any questions or wish to explore the potential benefits from this short course in continuing education research then contact Dr. Craig Campbell (ccampbell@rcpsc.edu), chair of the research committee for further information. We hope that you will plan to attend this important event in 2007. More specific details of the institute will be provided in future editions of Intercom.

For assistance with the SACME Listserve, such as receiving the messages in alternate formats, please contact the Executive Secretariat at sacme@primemanagement.net or the Listserv Administrator at dpieper@med.wayne.edu.

INTERCOM

SACME Listserv: sacme@lists.wayne.edu.

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UPCOMING EVENTS

**17th Annual Task Force on CME Provider / Industry
Collaboration**

October 16-18, 2006

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

November 16, 2006

Sponsored by the Conjoint Committee on CME
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

MedBiquitous Annual Conference 2007:

Common Goals, Common Solutions

April 16-18, 2007

Baltimore, Maryland

Visit the conference website for details http://www.medbiq.org/events/conferences/annual_conference/2007

2007 Summer Research Institute

mid-June 2007

Toronto, Ontario

Craig Campbell, MD ccampbell@repssc.edu

CME Congress 2008 and Spring SACME meeting

May 29-31, 2008

Sheraton Wall Centre

Vancouver, British Columbia Canada

Contact: Craig Campbell, ccampbell@repssc.edu