

## FALL MEETING: CME’S ROLE IN TRANSLATING RESEARCH INTO QUALITY CARE

Nancy Davis, PhD, Chair Program Committee

The SACME Fall meeting will be held November 2-4 in conjunction with the AAMC meeting in Washington, DC. All SACME events will be held in the Marriott Wardman Park Hotel. New AAMC policy this year requires registration for the AAMC meeting in order to stay in conference hotels. It has always been AAMC policy that those attending adjunct meetings, such as SACME, register for the AAMC meeting as well. Many SACME members attend other portions of the AAMC meeting, and for those who do not, a one-day registration allows for entrance to the exhibit hall and poster sessions as well as educational programs for that day. AAMC provides much support for the SACME meeting including promotion and complimentary meeting space which allows us to keep our registration fees low.

This year’s meeting will focus on translational research. We’re pleased to feature David Atkins, MD, MPH, Chief Medical Officer, Center for Outcomes and Evidence, AHRQ. Following his presentation, Steven Woolf, MD, MPH, Professor and Director of Research, Department of Family Medicine, Epidemiology and Community Health, Virginia Commonwealth, will speak specifically about CME’s role in translating research into action. A lively group discussion with participants will follow.

Three members of the SACME family will fill out the program. Todd Dorman, MD, Associate Dean and Director of CME, Johns Hopkins University School of Medicine will expand his abstract presentation from the spring RICME meeting on “The Effectiveness of



*SACME Fall Meeting: Washington, DC’s Marriott Wardman Park Hotel, November 2-4, 2007*

### In This Issue

Fall Meeting: CME’s Role in Translating Research into Quality Care.....	1
From the President .....	2
SACME as an Academic Society.....	4
Mr. Smith Goes to Washington ...and Stays .....	5
Membership Committee Update .....	7
News from the AMA.....	9
CME Congress 2008 .....	10
Third Annual CME Summit Scheduled for November 15 in Chicago .....	11
Upcoming Events.....	12

CME: A Systematic Review”. Barbara Barnes, MD, Associate Dean, CME, University of Pittsburgh School of Medicine, will continue the dialogue started last fall on the academic health centers’ response to ACCME’s new criteria for accreditation. Dave Davis, MD, Vice President, Continuing Health Care Education and Improvement, AAMC, will discuss his new role and vision for this new component of AAMC.

The GEA/SACME Plenary will be held Sunday, November 4, 10:30-12 pm. “Transitions in the Continuum of Medical Education” will be moderated by Karen Mann, PhD, Dalhousie University School of Medicine and feature Dale Dauphinee, MD, McGill University Faculty of Medicine along with Alan Bleakley, PhD, Peninsula Medical School (United Kingdom). They will discuss issues along the continuum from the perspectives of learners and teachers, as well as academic and health systems. SACME members are encouraged to attend this important joint session.

**Research in CME (RICME) Research Focus**  
RICME, led by Craig Campbell, MD, Chair, Research

Committee, will focus on “works in progress” and allow researchers to present their methodology and get feedback from the SACME community. This focus on community of researchers will be the theme of the **Research Workshop, scheduled for Friday, November 2, 1-5 pm**. Separate registration is required for the workshop, “*Conducting a Systematic Review*”, presented by Tanya Horsely, PhD, Research Associate, Center for Learning in Practice, The Royal College of Physicians and Surgeons of Canada. This practical approach will include an invitation to participate in an on-going community of research peers.

Other activities include committee meetings (see website for times and locations), New Members’ Orientation & Society Update, Saturday, 5:30-6:30 pm; Reception, Saturday, 6:30-8:30 pm; and SACME business meeting breakfast, Sunday, 7-8:45 am.

We look forward to seeing you in Washington, DC in November! For all the latest information including registration, see [www.sacme.org](http://www.sacme.org) or contact Nancy Davis, [ndavis@niqie.org](mailto:ndavis@niqie.org) or 412-205-5368.

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## FROM THE PRESIDENT: BEHIND THE SCENES....OR WHAT SACME MEMBERS CONTRIBUTED OVER THE SUMMER TO SACME

By Jocelyn Lockyer, PhD  
President, SACME

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As you will read later in this newsletter, SACME is a learned society. Academic societies are formed for the purpose of bringing together people to promote an academic discipline through conferences and journals. The members do this as volunteers with minimal staff support for society activity.

While the people involved in the “dissemination” work of the Society, namely those associated with producing the spring/fall meeting, *The Journal of Continuing Education in the Health Professions* (JCEHP), *Intercom*,

the listserv and the website are quite visible, this tells only part of SACME’s story. As President, I want to draw your attention to some of the other work going on to support the management infrastructure and new directions for SACME and the people who have contributed. I do this, at some risk, as I am sure to miss people and committees. For those I may have missed, please accept my apologies.



**Financial infrastructure development.** In all organizations, financial management is critical. It is particularly important to SACME as we have an Endowment Council that provides grants for research studies and has financial obligations for conferences, the newsletter and JCEHP. Good fiscal management is critical if we are to optimize our expenditures. To that end, under the leadership of Deborah Sutherland, SACME has been undertaking a critical examination of its investment accounts to assess their performance and ensure that we are prudently managing funds.

**Membership recruitment.** We are engaged in an expansion of membership. As people change positions in academic organizations, their successors need to be approached to join SACME. Many medical schools and specialty societies do not have people who are SACME members. Pat Masters and Kolette Massy, assisted by the regional representatives, have been undertaking a solicitation of new members by sending letters and doing “cold calling” to raise awareness about SACME and the benefits of membership (see membership article on Page 7).

**Membership survey.** For almost 20 years SACME has been conducting a biennial survey. Jack Kues has recently assumed responsibility for this from Van Harrison. This survey is very important in assessing temporal trends in CME, providing salary comparisons, and collecting unique data which the members request. SACME is exploring a possible partnership on data collection with the newly formed Continuing Health Care Education and Improvement unit at the AAMC under David Davis. (See article by Dr. Davis on Page 5).

**Research support and directions.** For a relatively small society, SACME is unique. We support research of our members to undertake studies as well as providing

mechanisms (JCEHP, meetings, Congress) to network and engage in knowledge translation. To this end, Craig Campbell, Chair of the Research Committee, has been exploring new options for SACME members to engage in collaborative work and developing a half day program on conducting systematic reviews for the fall meeting. Gabrielle Kane, Chair, Endowment Council, has provided leadership in the latest call for proposals for small grants and monitoring monies that have been allocated.

**Society direction.** The Board of SACME holds monthly conference calls to review the progress of each of the committees and other issues that are raised. The Board consists of the committee chairs, the “leadership” group, the secretary, the treasurer, and the regional representatives. Similarly, the leadership, Michael Fordis, Melinda Steele, Lois Colburn, and I have monthly calls (along with numerous email exchanges) as well as holding a two-day retreat in June. Discussions over the summer included such key areas as JCEHP and the Congress and our partnership with the Alliance for CME and AHME in these activities; potential new partnerships and collaborations with the AAMC and the ACCME; our membership drive; and finances. The leadership group met with Dave Davis at the AAMC headquarters to discuss possible collaborations including how CME’s profile may be increased with Deans of Medicine; web-based resources and training that might be developed in conjunction with the AAMC; ways that CME research capacity could be increased; in addition to the possibility of a conjoint survey.

**Day-to-day work.** Jim Ranieri of Prime Management Services handles the day-to-day work of the Society including setting up committee meetings, the finances, maintaining membership lists, correspondence, and record keeping. We have been fortunate to have stable ongoing and willing support for SACME.

# SACME AS AN ACADEMIC SOCIETY

By Jocelyn Lockyer, PhD, President, SACME

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Is SACME fulfilling its role as an academic society?

SACME is over 30 years old. Its mission is to promote the research, scholarship, evaluation and development of CME/CPD (continuing medical education/continuing professional development) that helps to enhance the performance of physicians and other healthcare professionals practicing in the United States, Canada, and elsewhere for purposes of improving individual and population health.

In this mission, SACME joins the thousands of learned societies that have existed since 1300. Generally, their purpose is to promote an academic discipline or group of disciplines. Membership may be open to all, may require possession of some qualification, or may be an honor conferred by election. Historically, societies have held regular conferences to present and discuss new research results and published academic journals.

More recently, societies have increased their capacity for member networking and knowledge translation through websites; listserves; synchronous and asynchronous meetings and courses; virtual meetings; newsletters; and journals that they publish through 'open publishing' or a commercial publisher.

As SACME matures, it is important to consider whether our performance and activities as an academic society are meeting the needs of our members and societal expectations. We have some wonderful resources for networking and exchange:

- JCEHP which we own with the Alliance for Continuing Medical Education and the Association for Hospital Medical Education is in its 27<sup>th</sup> year. It continues to receive and publish high quality scholarly work on a quarterly basis. Recently under the capable editorial leadership of Paul Mazmanian, the journal significantly expanded its content.
- *Intercom*, our newsletter comes out three times a

year under the leadership of David Pieper. This newsletter gives us an opportunity to profile our meetings for those who have and have not attended. It also stimulates new ideas.

- [www.sacme.org](http://www.sacme.org), our website, was recently updated to contemporary standards under the leadership of Jim Ranieri, Anne Taylor-Vaisey and Joyce Fried. Through public and member areas, it provides information & resources about important meetings, publications, research, best practices and more.
- A listserv is supported and maintained by David Pieper at Wayne State University. This provides us with an opportunity to instantly exchange ideas and insights with the membership.
- Meetings are held twice each year, in the fall with the Association of American Medical Colleges and in the spring hosted by one of our member organizations. These provide an opportunity for face to face networking and the exchange and synthesis of research and other factors affecting members. Nancy Davis has provided the leadership for these meetings.
- Congresses for CME are held every four years in conjunction with several partner organizations to highlight recent developments and innovations across the spectrum of perspectives on the maintenance of competence. Craig Campbell along with Luke Ferdinands is providing the leadership for the next Congress in Vancouver, May 29 - 31, 2008.

Do we need more opportunities for sharing and exchange? On that, I invite your comments and advice.

Sources:

1. Scholarly Societies Project. <http://www.scholarly-societies.org>; accessed September 8, 2007
2. Society for Academic Continuing Medical Education. <http://www.sacme.org>; accessed September 8, 2007

# MR SMITH GOES TO WASHINGTON...AND STAYS

By Dave Davis, MD

Note: As of April of 2007, Dr. Davis is serving as the first Vice President, Continuing Health Care Education and Improvement at the Association of American Medical Colleges (AAMC). The appointment is an acknowledgement of the AAMC commitment to the continuum of medical education.

You may recall that I wrote a piece in last year's *Intercom* about the movie, 'Mr. Smith goes to Washington', starring Jimmy Stewart. I am clearly no Jimmy Stewart, and CME may not be the subject of movies, but I think there is one striking similarity between our world and his. What brought Jimmy to Washington was a coming together of the recognition of problems (poverty, unemployment, you name it), and the aligning of several forces (in the movie, no surprise, they were political) giving Congress a chance to do something about them. Not quite a once-in-a-lifetime chance, but close. You can see where I'm going here.

First, the "problems" in CME have been with us for a long while, and do not require much in the way of enumerating. A very short list would include: the funding of CME; an environment in which docs neither have the time nor tools to participate as fully in CME as they might; lack of experience with newer models of CME, such as those blending QI and CME; and – the big one – a widespread appreciation of the clinical care gap, expressed as fairly wide regional variation in care among other things. Here, even in the best of systems (arguably the Canadian and US health care worlds) there is still huge variability in what patients receive as treatment, and a gap between what we *know* and what we *do* clinically.

Second, in CME at least there is an alignment of forces supporting change in our system; you might call this the right time for CME. Just have a look at these: more demand for accountability from the health care system and the physician workforce; the advent of maintenance of competence; learning portfolios and management systems; other new technologies in CME; changes on the commercial support scene; new research supporting

the effectiveness of CME. And those are just the forces that come to mind; there are many others.

So, third – putting these two clusters of issues together, incomplete as they are – you might ask the question, "How can the AAMC help academic CME providers? How can it augment the work of the Society?"

What I propose below is a draft list of items which some of my colleagues\* and I have mulled over for several months. They are meant to provide an idea of the roles that the AAMC can play in this field and to stimulate discussion and input. I'll be talking about them frequently, and look forward to your input.

1. *Articulating a new, robust vision of CME as integral to the health care system* – regionally, locally, individually. This will involve a process of engagement by papers, presentations, policy work, websites, list-serves, negotiation, consultation in order to reach deans, payors, granting agencies, hospital CEOs, docs, websites; you get the picture.
2. *Energizing and supporting the GEA CME Section.* In many ways we can think of the work of the Section much as we think of our faculty. Supporting them in their quest to become better teachers, CME providers, champions of CME-QI and other models, supporters (even doers) or research in CME – this is high priority for the AAMC and for me.
3. *Pushing the research agenda even further.* The Society has done a wonderful job by means of its research institutes, Research Endowment Council, research committee work, website and other initiatives, but there is a huge research capacity within the academic health center as yet untapped.

Here, CME researchers in the future will come from health services research, clinical epidemiology, informatics, quality improvement and other disciplines, and their support from NIH, AHRQ, NLM and other sources including for Canadians, CIHR. Training and supporting this research workforce: also an important priority.

4. *Assisting with and facilitating training for the new CME.* There is a big need here to support, help coordinate, garner funding for and promote such training – in individual schools, within our professional associations and elsewhere.
5. *Preparing the learner for a life of self-directed learning and CME.* This is the last objective listed, though in some ways maybe the first: helping in the training of our learners to make them better at self-assessment, self-direction, critical reflection and appraisal. In other words to prepare them for a life closely tied to CME and CME resources.

Enough objectives for a term in Congress - oops, the AAMC? I expect so. Will we accomplish it all? I doubt it. Are there other objectives here? Most likely. One thing is clear however: this isn't just work for Jimmy Stewart. There is enough for all of us here. The energy

of societies, associations, funders, researchers, CME providers, editors, docs and –mostly – individuals are all needed in order to accomplish the goal of closing the clinical care gap.

Call, write, visit anytime. Coffee is always on. Just ask for Jimmy.

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\* I am grateful to several groups of folks who have come together over the last few months to help the AAMC (and me) identify these issues: They include: Barbara Barnes, MD, Nancy Davis, PhD, Michael Fordis MD, Bob Fox, EdD, Van Harrison, PhD, Paul Mazmanian, PhD, the GEA CME Section steering committee and the leadership of SACME.

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# MEMBERSHIP COMMITTEE UPDATE

By Kolette Massy, University of California at San Francisco, Co-Chair, SACME Membership Committee

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The membership committee convened at the Spring meeting in Copper Mountain with the goal of developing a comprehensive membership recruitment strategy. Analysis of new member trend data was conducted as well as a review of accredited organizations not currently represented. The resultant methodology was crafted to integrate a systematic inclusion of these institutions. Based on the results of these discussions, a defined strategy was organized. Concrete recruitment benchmarks were established to reflect a 10% increase in annual membership. The committee successfully developed cohort specific marketing materials for each of the intended institutional invitees. Sources of new membership were identified from medical school non-renewal cohorts, new contacts recommended by the current membership, specialty societies, teaching hospitals, Area Health Education Centers (AHECs) and schools of public health. Follow-up mechanisms were incorporated to include formal introduction of regional representatives as dictated by the new member institutions locale. Regional representatives are now integrally involved in facilitating follow-up contact with non-renewal status members in order to produce a comprehensive communication flow between the recipient and SACME. We predict this strategy will help to produce enhanced renewal outcomes. We officially launched the first phase of the promotion effort in early June 2007. Membership invitations were sent to principals at approximately 70 non-represented accredited medical schools and teaching institutions. Tangible results were realized in July with the receipt of our first new member application directly linked to the recruitment effort. We have noticed a steady rate of new member submissions averaging 2-3 applications each month.

SACME proudly boasts 200 active members only three months into the membership year and counting!

The committee intends to launch the second tier of the recruitment effort within the next few months. Second tier components will include engagement of potential international constituents. Efforts are currently underway to develop collateral material specifically designed to highlight benefits of membership for our international colleagues. It is with great anticipation that this aspect of the promotion unfolds. The committee aims to launch the second phase of the recruitment campaign in alignment with planning efforts for Congress 2008.

Please join us in welcoming the following new members to the Society:

Ellen M. Bateman, EdD, Education Specialist, American Society of Anesthesiologists, Park Ridge, IL

Mary J. Bell, MD, Director - CE & KTE, University of Toronto, Sunnybrook Health Sciences Centre, Toronto, ON, Canada

Richard A. Berger, MD, Associate Dean, Mayo School of Continuing Medical Education, Mayo Clinic, Rochester, MN

Kimberly A. Corbin, Director, Institute for Continuing Medical Education, New York Eye & Ear Infirmary, New York, NY

David R. Dixon, MD, MCISc(FM), CCFP, FCFP, Senior Medical Consultant, Continuing Medical Education, University of Western Ontario, Schulich School of Medicine and Dentistry, London, ON, Canada

Jeanette Harmon, MBA, Director, AMA PRA Standards and Policy, American Medical Association, Chicago, IL

Steven Hasterok, MHA., Director of CME, USCSOM-PHR CME Organization, Columbia, SC

Timothy P. Hickman, MD, MEd, MPH, University of Missouri Kansas City, Kansas City, KS

Tanya Horsley, PhD, Research Associate, Center for Learning in Practice, The Royal College of Physicians and Surgeons, Ottawa, ON, Canada

Beverly Hughes, BSN, Director Office of CPD, University of South Florida College of Medicine, Continuing Professional Development, Tampa, FL

Brenda Johnson, Director, Continuing Medical Education, University of Texas Health Science Center at San Antonio, San Antonio, TX

Mila Kostic, Director of CME, University of Pennsylvania School of Medicine, Philadelphia, PA

Kathleen Lowney, MHS, Director of Operations and Administration, Tufts University School of Medicine, Boston, MA

Frank E. Lucente, MD, Vice Dean for GME, SUNY Downstate Medical Center, Brooklyn, NY

Pam McFadden, Associate Vice President, Professional & Continuing Education, University of North Texas Health Science Center, Fort Worth, TX

Mindi K. McKenna, PhD, MBA, Division Director, Continuing Medical Education, American Academy of Family Physicians, Leawood, KS

Kelly Morse Nowicki, Administrator, Mayo School of Continuing Medical Education, Mayo Clinic, Rochester, MN

Melissa E. Newcomb, MBA, Assistant Director, Certification, University of Rochester School of Medicine & Dentistry, Office of Continuing Professional Education, Rochester, NY

Gibbe Parsons, MD, Assistant Dean, Continuing Medical Education, University of California, Davis Health System, Sacramento, CA

Norman S. Schachar, MD, FRCSC, Professor, Department of Surgery/Assistant Dean, CME & PD, University of Calgary Faculty of Medicine, Office of Continuing Medical Education & Prof. Development, Calgary, AB, Canada

Jonathan Torrens-Burton, Administrator, Mayo School of Continuing Medical Education, Mayo Clinic, Rochester, MN

Gregory S. Vannette, CPA, Assistant Director/Controller, University of South Florida College of Medicine, Continuing Professional Development, Tampa, FL

Helena Zandstra, Assistant Director, University of California, San Diego, Office of Continuing Medical Education, La Jolla, CA

Lara Zisblatt, MA, Senior Operations Manager, Boston University School of Medicine, Boston, MA

Welcome New Members!



# NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

By Alejandro Aparicio, MD, FACP

When I have the opportunity to speak to a person or persons that have recently started to work in Continuing Medical Education, either because they are in a new job or because they have been assigned new responsibilities, three thoughts come to mind. One is “welcome”. We in the CME community are always happy to see individuals that are embarking on a journey that for the vast majority of us has been, and continues to be, enjoyable and rewarding. The second one is “congratulations” on joining a community that likes to collaborate, is always willing to share ideas, and supports each other. The third one is “thank you”. As a physician, and also as a member of the American Medical Association, I am grateful for the work that is done by the CME community in order to provide physicians with opportunities to “...maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession.”<sup>1</sup>

It is possible, in the daily routine of working in an accredited CME program, with the responsibilities of meeting planning and logistics and maintaining the necessary documentation for accreditation as well as organizational and business requirements, to lose track of the reasons for doing what we do: so that physicians can improve their performance in the discharge of their professional responsibilities. The lead article in the 2008 Winter issue of the CPPD report will discuss one of those reasons. Written by James N. Thompson, MD, FACS, President and CEO of the Federation of State Medical Boards, it will discuss Maintenance of Licensure and Continuing Medical Education. In addition, there will be articles discussing the implementation of Performance Improvement (PI) CME in different settings including a description of work being done by the University of Wisconsin Office of Continuous Professional Development in Medicine and Public Health.

Recognizing the value of PI CME in helping to improve health care, the AMA-convened Physician Consortium for Performance Improvement<sup>®</sup> recently made its physician performance measures available to CME providers, to use in developing PI CME activities, through a simple permission process. Adopted by both the AMA and the

American Academy of Family Physicians (AAFP), more institutions are using this CME format to bring closer together their Quality Improvement (QI) efforts and CME program. The permission may be obtained online by visiting [www.physicianconsortium.org](http://www.physicianconsortium.org)<sup>2</sup> and clicking the “Distribution license application and CME permission” link. After completing the short online form, CME providers may incorporate Consortium performance measures into their PI CME activities, confident that the measures have been thoroughly vetted by the profession.

If you missed the 2007 Summer issue of the CPPD report<sup>3</sup> you may want to access it online. It includes an excellent lead article by Harry A. Gallis, MD, Director of the Charlotte Area Health Education Center and Immediate Past President of the Alliance for CME, titled “Physician Leadership in CME”. In it, he describes five key components of leadership for physicians involved in CME. The article and the references can be a resource for any program wanting to develop their physician leadership of the future.

Finally, continuing with the AMA’s goal to help programs implement the new formats of credit, the Division of CPPD has started a series of webinars designed to educate

The screenshot shows the AMA website's "Upcoming webinars" section. The header includes the AMA logo and navigation links. The "Upcoming webinars" section features a webinar titled "The AMA PRA Credit System" scheduled for October 25, 2007, at 2:00 PM ET. Below this, the "Future webinars" section lists two webinars: "How CME and QI can Collaborate to Improve Physician Performance (For Hospitals)" and "How CME and QI can Collaborate to Improve Physician Performance (For Specialty Societies)", both scheduled for December 2007. Each webinar entry includes a brief description and a "More Info" link. At the bottom, there is a section for "On-demand and CD recordings" with the text "On Demand Webinars and CD Recordings Coming Soon!".

and remind professionals working in CME of the PRA requirements. There are several sessions solely dedicated to the implementation of PI CME by different provider types. If you are interested in additional information you can obtain it by contacting us directly or visiting the web site at: <http://eo2.commpartners.com/users/ama/>.

I am looking forward to the SACME meeting in November. I hope to see you there.

<sup>1</sup>The AMA definition of CME. AMA House of Delegates Policy #300.988. The Physician's Recognition Award and Credit System, 2006 revision, page 2. <http://www.ama-assn.org/ama1/pub/upload/mm/455/pr2006.pdf#page=6> accessed September 27, 2007

<sup>2</sup>[www.physicianconsortium.org](http://www.physicianconsortium.org) accessed September 27, 2007

<sup>3</sup><http://www.ama-assn.org/ama1/pub/upload/mm/455/cppd23.pdf> accessed September 27, 2007



**May 29—31, 2008  
Vancouver, Canada**



## CONFERENCE UPDATE

### Abstract Submission Deadline Fast Approaching!

CME Congress will accept abstracts until **September 30, 2007**. There are only a few days left in which to submit. As a special bonus the 100th *finalized* abstract will receive 2 free nights at the conference hotel! To submit an abstract for the conference, go to [www.cmecongress.org](http://www.cmecongress.org)

### Featured Conference Themes



#### Learning Theory - Dr. Glenn Regehr

Accurate self-assessment and effective self-directed learning are taken as core competencies required for the self-regulating professional to maintain competence in practice. But much of the education literature raises doubts about individuals' abilities in these domains, not only among our trainees, but also among our practicing colleagues. This session will:

- Review and explore the concepts of self-assessment and self-direction
- Address some of the personal and environmental limitations on these processes
- Discuss how we might address these limitations in order to evolve safe and effective practitioners.

### Support Opportunities

For nearly 2 decades the CME Congress has represented professional associations whose combined membership includes over 2500 of the most actively involved CME professionals engaged in the research, development and delivery of quality CME activities. Options for supporting CME Congress are available to every organization, at almost every budget level.

#### Benefits of attending:

- Over 500 attendees from around the world
- Well balanced exhibit hall – commercial, not for profits, universities, hospitals and more
- All top CME professionals in attendance
- Open venue with good flow
- Lots of networking opportunities

Please contact Lindsay Callan (tel. 604-875-5101 or email [Lindsay@cpdkt.ubc.ca](mailto:Lindsay@cpdkt.ubc.ca)) or visit [www.cmecongress.org](http://www.cmecongress.org) for more information about supporting CME Congress 2008.

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# THIRD ANNUAL CME SUMMIT SCHEDULED FOR NOVEMBER 15 IN CHICAGO

By Nancy Davis, PhD

The third annual CME Summit sponsored by the Council of Medical Specialty Societies is set for November 15, at the Wyndham O'Hare Hotel. The theme of the Summit this year is "CME as a Strategic Asset for Improving Quality" and is appropriate for all CME provider types. It offers an opportunity to explore ways in which evidence-based measures of physician performance are being developed and examine how data from these measures are being used by providers, through collaborative relationships, to assist in the development of CME activities. Featured speakers include Edward Kelley, PhD, AHRQ and Barry Straube, MD, CMS. A panel of best practices in performance improvement CME will be presented in the afternoon session. There is a registration fee of \$200 for the day-long program. Further information and registration forms can be found at [www.cmss.org](http://www.cmss.org).

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

## *INTERCOM*

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SACME Listserv: [sacme@lists.wayne.edu](mailto:sacme@lists.wayne.edu).

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## UPCOMING EVENTS

18<sup>th</sup> Annual Conference of the National Task Force  
on CME Provider/Industry Collaboration  
October 17-19, 2007  
Sponsored by the American Medical Association  
The Hyatt Regency Crystal City  
Arlington, Virginia  
Contact: <http://www.ama-assn.org/ama/pub/category/4455.html>

2007 Fall SACME Meeting  
November 2-4, 2007  
In conjunction with 2007 AAMC Annual Meeting  
November 2-7, 2007  
Marriott Wardman Park  
Washington, DC  
Contact: Jim Ranieri, SACME Executive Secretariat 205-978-7990

Continuing Medical Education as a Strategic Asset for  
Improving Quality: CME Summit  
November 15, 2007  
Co-sponsored by the Conjoint Committee on CME and  
the Council of Medical Specialty Societies  
Wyndham O'Hare  
Rosemont, IL  
Contact: <http://www.cmss.org/>

Alliance for CME 33rd Annual Conference  
January 19-22, 2008  
JW Marriott Orlando Grande Lakes  
Orlando, Florida  
Contact: <http://www.acme-assn.org/>

2008 SACME Spring Meeting  
in conjunction with CME Congress 2008  
May 29-31, 2008  
The Hyatt Regency  
Vancouver, BC  
Contact: <http://www.cmecongress.org/Home.htm>