

## WHAT IS THE SACME NOMINATING COMMITTEE AND WHAT DOES IT DO?

By Paul J. Lambiase

Immediate Past President and Chair, Nominating Committee

The Nominating Committee is one of five Society standing committees defined in its Bylaws. (Can you name the other four?) It is the role of this committee to assemble a list of candidates for the elected positions in the Society. While its efforts may often seem "behind-the-scenes" to many members, the committee's responsibilities are quite significant. It is through nomination to elected office that the Society's leadership is determined. The capabilities and interests of the elected leadership directly affect the reputation and effectiveness of this organization. While it is not difficult to identify talented and capable members within our ranks, it is sometimes a challenge to match the needs of the Society with the ability of individuals to serve.

The Nominating Committee is responsible to present to the membership at the annual Spring meeting a slate to include at least one candidate for each of the following offices:

- vice president (four-year track)
- two regional representatives (two-year terms)
- one representative to the CAS (two-year term)
- and, on alternating years, Treasurer (two-year term)

The Nominating Committee reports to the membership by presenting in writing its slate of candidates at least thirty days prior to the annual Spring meeting. Before the elections, additional nominations from the floor are permitted.

Who serves on the Nominating Committee? Under the new Bylaws, six members. The immediate past president is a de facto member of the committee and acts as chair. The current vice president also serves as a de facto member of the committee. One additional member is identified from each of the Society's four regions. The usual process is to ask the regional representatives to identify someone from their region. The committee is appointed at the Fall meeting each year. For 2001-2002 the Nominating Committee includes the following individuals:

Deborah Holmes, Ph.D., M.S., Northeast Region  
Gerry Gotterer, M.D., Ph.D., Southern Region  
Bart Galle, Ph.D., Central Region  
Joyce Fried, Western Region  
Nancy Davis, Ph.D., current Vice President  
Paul Lambiase, Immediate Past President

The committee has been convened via e-mail and telephone over the past several weeks to accomplish the task of identifying qualified candidates. Your suggestions can be given to any member of the committee.

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# FROM THE PRESIDENT

## SACME AND THE WORLD OF CPD

By Barbara Barnes, M.D., MS

I hope you all had a wonderful holiday. From every indication, the new year promises to be full of opportunities for the society. The last few months have been very busy, with a lot of my time being devoted to collaborations with other organizations. A variety of exciting projects are underway:

- **ACCME:** Dr. Murray Kopelow and I have been discussing issues related to the certification of grand rounds. He is very sensitive to the resources that medical school CME offices devote to these activities and the difficulty maintaining compliance with accreditation standards. In order to help the ACCME develop some strategies to address these issues, Murray will attend a session at the Spring meeting designed to identify the significant barriers to compliance and to make suggestions for changes in accreditation policies and procedures related to grand rounds.

- **AAMC:** I have been in frequent contact with Dr. Deborah Danoff and Dr. Joseph Green. With the assistance of Dr. Dale Dauphinee we have begun a dialogue with Dr. David Stevens of the LCME to evaluate the role of CME in the medical school accreditation process. We will be making some recommendations within the next few months. Deborah and I also had a recent conversation with Dr. Ron Franks, dean at East Tennessee and incoming chair of the ACCME, regarding strategies to enhance the role of CME within the medical school environment. In addition, we have been collaborating with the AAMC to distribute a survey developed by the CME section of the GEA. You will find this attached to the SACME survey that will be distributed in the next few weeks.



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## THE EDITOR NOTES

By Joyce M. Fried

Happy new year to all of you. I hope this year brings the entire CME community peace, good health, well-being, and a sense of accomplishment at the end of each day.

Certainly, September 11 brought our collective rat-race to a screeching halt. As we emerged bruised, battered, and scarred we began to question many of the things we had heretofore taken for granted. These included our freedom to hop on a plane care-free as part of our daily professional lives and the certainty that if we planned a course people would attend. "If you build it, they will come."

September 11 caused us to do a lot of soul-searching and to reorganize the priorities in our lives. In fact, I read an article over the holidays that the biggest selling gifts in retail stores were pajamas, slippers, and stuffed animals—items designed to keep us warm and cozy in our homes. Most people I spoke with spent New Year's Eve with a few close friends or family members at home. Our basic need to feel safe in the cocoon of love, friendship, and warmth was reactivated for the first time in years.

As we begin the new year, I sense that we are ready to emerge from our cocoons with a renewed sense of optimism. Certainly

our Society vibrates with excitement and anticipation. This is largely because of the efforts and leadership of our current and past presidents and the members of the Board of Directors who have brought new vigor, energy, and creativity to our group. The era of moaning, groaning, and wringing of hands is well behind our organization.

I for one am very excited to be active in the CME world and in SACME at this time. I sense that we have a good idea of where we are going and how to get there. We have emerged from our national tragedy as more thoughtful individuals. We have reexamined our priorities and reinstituted a healthy balance in our lives. Hopefully, we will take the time to smell the roses this year, as well as to read *Intercom*!

### INTERCOM

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#### Editor-in-Chief

Joyce M. Fried  
e-mail: [jfried@mednet.ucla.edu](mailto:jfried@mednet.ucla.edu)  
Telephone: (310) 794-1958  
Fax: (310) 794-2624

#### Associate Editors

Nancy L. Davis, Ph.D.  
Linda Gunzburger, Ph.D.  
Rosalie Lammle  
Rosalind Lewy, M.Ed.  
John Parboosingh, M.D.  
Melinda Steele, M.Ed.

## PAST PRESIDENTS COUNCIL MEETS IN WASHINGTON, D.C.

The Past Presidents Council, created to serve as an informal advisory group for the current President and executive officers, met over breakfast at the Fall 2001 Society meeting in Washington, D.C. The group is convened annually by the Immediate Past President to update past presidents about current and future issues in the Society. At these meetings council members are asked to provide a broader perspective on long-standing issues, to provide some history, and to offer strategies for relating to other organizations. Many times members facilitate political contacts that are helpful to the Society leadership. The meeting was chaired by Paul Lambiase.



*Pictured at the Past Presidents Council breakfast meeting in Washington, D.C. from left are: Paul Lambiase, Nancy Davis, Ph.D., Gloria Allington, M.S.Ed., W. Dale Dauphinee, M.D., Robert Cullen, Ph.D., Dennis Wentz, M.D., and R. Van Harrison, Ph.D.*

## SACME RESEARCH WORKSHOP ON CONDUCTING FOCUS GROUPS HELD AT FALL MEETING

By Lee Manchul, M.D.

Director, Continuing Education, Department of Radiation Oncology, Faculty of Medicine, University of Toronto

The annual Society for Academic Continuing Medical Education research in education workshop was held on Friday November 2, 2001 during the SACME Fall meeting in Washington, D.C. The workshop, "How to Design and Conduct Focus Groups," was facilitated by Jane Tipping, M.A.Ed., an Education

Consultant in Continuing Professional Education from Toronto, Ontario, Canada. Ms. Tipping has extensive experience in the field of focus groups as a research tool in medical education, and shared her expertise with the workshop participants in a lively, interactive setting.



*Attendees at the Fall Research Workshop included Lee Manchul, M.D.; Jack Kues, Ph.D.; Nancy Davis, Ph.D.; Michael Allen, M.D.; Glenda Donoghue, M.D.; and Captain Jane Mead, R.N., B.S.N., M.E.D.*

The workshop was designed to provide participants with practical tips on how to design a focus group interview schedule, choose participants, conduct a group interview, and interpret results of data collection.

The participants, working in small groups, developed their own topic for investigation to be pursued using focus group methodology and subsequently developed questions to pose during an actual focus group interview carried out during the workshop using role-playing techniques. In addition to providing practical advice on designing interview questions, conducting the focus group, and discussing the role of focus groups in medical education, Ms. Tipping provided the participants with an approach to analyzing data obtained from the focus group interview. All who attended agreed that the workshop was worthwhile and provided participants with the skills and confidence to use focus group methodology as a research tool in medical education.



# CHANGES TO BYLAWS BROADEN SOCIETY

## MEMBERSHIP CRITERIA

By Susan P. Duncan, M.Ed., CMP  
Chair, Membership Committee

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Changes to the SACME Bylaws, approved at the Fall 2001 meeting, may increase membership by offering eligibility to a greater number of individuals by not only encouraging multiple members from medical colleges but also by allowing the Society to invite and encourage membership from a larger community of individuals involved in academic continuing medical education.

SACME Bylaws Committee chair Paul Lambiase presented proposed changes to the bylaws, including membership categories, for review by the entire membership prior to the Fall 2001 meeting of the Society. The changes were approved by the membership at that meeting.

Mr. Lambiase commented, "This past Fall, the Bylaws Committee completed a two-year process of review and revision of the Bylaws, incorporating a number of substantial changes. Although a somewhat lengthy process, we feel the results were very positive and will help to guide our organization through the next stage of its development."

Society membership categories have been changed from "institutional memberships", with one vote per institution, to "individual" memberships. This allows current members formerly classified as "associate members" to be full voting members with the appropriate obligations and privileges.

The new SACME Bylaws allow interested individuals from any medical college or faculty of medicine accredited by the Liaison Committee for Medical Education or from a branch campus of such an institution to be eligible for voting membership. Multiple members from these organizations are encouraged. In addition, individuals at academic medical centers, medical specialty organizations, or government agencies whose interests in research and education are consistent with the mission of the Society are now eligible for voting membership. In all cases, applicants must submit written endorsement of the dean of their medical college or the executive director of their organization with their membership application.

Voting members who are no longer eligible for membership in the Society because of a change in professional activities may request appointment as continuing members by the Board of Directors. Once approved, they will have the same obligations and privileges as voting members except the right to hold office. This category may be particularly helpful in providing continuity for members whose job may change, who still want to remain involved with academic CME, and who may move into another academic position at a later time.

Honorary life memberships may be conferred upon individuals who have made outstanding contributions to CME over an extended period of time; three such memberships may be approved by the Board of Directors per year. Emeritus memberships may be granted to voting or continuing members who have current membership at the time of regulation retirement from their institution and wish to continue association with the Society. Neither of these two categories is obligated for dues, nor may these members vote or hold office in the Society.

Student memberships are available to students affiliated with or working at a medical school or faculty of medicine through application by a Society voting member. The student member applicant must work or have interaction with CME professionals from that school. The voting member submits the application. The student member, once approved, will have all membership privileges except voting and the right to hold office, and dues are one half the amount assessed voting members.

Society members are encouraged to share these changes of membership criteria with appropriate colleagues in their medical school or faculty of medicine, as well as with representatives from other eligible academic organizations. The board intends to send invitations to appropriate individuals as they are identified. We look forward to an infusion of enthusiastic new voting members during the coming year!



# TERRORISM CONTINUING EDUCATION TASK FORCE APPOINTED

By Mark Cheren, Ed.D.

At the Fall meeting of the Society, SACME President Barbara Barnes appointed a task force to gather resources on behalf of the membership to support development of terrorism-related continuing education activities. Her charge to the group was to: (1) identify and rapidly disseminate information about resources related to biologic, chemical, and other acts of terrorism and (2) support SACME members in their response to the needs of physicians and other health care professionals. She asked that both short- and long-term initiatives be developed and presented in a user-friendly format.

The task force members include: Anne Taylor-Vaisey, M.L.S., Reference Librarian, Canadian Memorial Chiropractic College, Toronto, Ontario, Canada; Richard Aghababian, M.D., Associate Dean for the Office of Continuing Education, University of Massachusetts School of Medicine; Melinda Steele, M.Ed., Director, Continuing Medical Education, Texas Tech University Health Sciences Center, School of Medicine, Bob Kristofco, M.S.W., Director, Continuing Medical Education, University of Alabama, Birmingham, Barbara Barnes, M.D., Associate Dean, Continuing Medical Education, University of Pittsburgh School of Medicine and the University of Pittsburgh Medical Center, and Luanne Thorndyke, M.D., Assistant Dean for Continuing Education, Pennsylvania State University. She asked me, Mark Cheren, Ed.D., Director, Continuing Medical Education,

Case Western Reserve University, to chair the task force.

With Anne Taylor-Vaisey's hard work and a lot of input from Richard Aghababian and Melinda Steele, information was posted in a short time on the SACME Web site [<http://www.sacme.org/Terrorism/default.htm>] under the heading, "Terrorism CE Clearinghouse." During the months that followed, many members of SACME have put together or supported the efforts of others to put together terrorism-related continuing education programs. Some of these have spawned their own Web sites and some even include slide presentations and/or streaming videos of talks at these sessions.

Surprisingly, though, the task force has not received a lot of feedback yet concerning what things members of SACME would most like to see made available (syllabi, workshop designs, slide files, on-line streaming videos). In part, this may be because the anthrax events appear to have subsided. Also, after a brief period where not a lot of accurate, up-to-date information could easily be found, there is now a lot of information available from a variety of trusted sources.

At the same time, as Al McGinty, the FBI Northern Ohio Coordinator for Weapons of Mass Destruction pointed out at two continuing education programs held in November and December in Cleveland for area physicians and nurses, the likelihood that more incidents of

various kinds will take place is quite high, particularly biological events, which have been on the rise in recent years. In most parts of the country, it is not yet possible to put together the kind of rapid response provider education system that would be adequate to any of a host of possible needs. The challenge is to disseminate information about signs and symptoms, testing, triage, appropriate treatment, and proper referral to the greatest number of first-line health care providers in a very short amount of time. This presents a new public health challenge to SACME's membership which may have a very special role to play in the development of this kind of response capability in many if not most regions.

While the members of the task force will continue to enhance the Terrorism Continuing Education Clearinghouse, a presentation is being prepared for the Spring meeting in Charleston. Suggestions about what to cover in that session are sought as well as reactions to what has been posted thus far on the Web site.

One final note. The possibility of greater availability of funding for the education of health care professionals for this specific purpose has been raised. Given the experience of SACME members at the national level, members should be assertive about being included in plans that are developed nationally, regionally, and locally. SACME members are often in the best position to bring the broadest group of local entities and the very best local expertise together.

The Terrorism Continuing Education Task Force can be contacted via e-mail at [tcesacme@cwru.edu](mailto:tcesacme@cwru.edu) or you can contact me personally by telephone at (216) 368-2498 or by e-mail at [mic2@po.cwru.edu](mailto:mic2@po.cwru.edu).

## RESEARCH IN CME AND BEST PRACTICES

By Janet Z. Temple, Ph.D.

SACME Research in Continuing Medical Education is issuing a final call for abstracts for CME Research and CME "Best Practices" sessions at the Spring meeting. Both sessions will be held on Saturday, April 13, 2002 at the Doubletree Hotel in Charleston, South Carolina.

The Research Endowment Council requests submission of abstracts for research papers for the research session. Four types of proposals are encouraged:

- Work in very early stages
- Work in progress
- Completed results
- Review papers

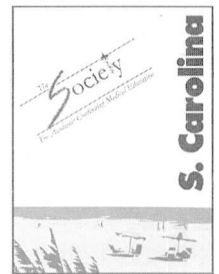
Presentations will be approximately ten minutes in length. Applications are available online at the SACME Web site. Deadline for receipt of abstracts is February 20, 2002.

The SACME Research Committee requests submission of abstract briefs for the "Best Practices" session. Practices should reflect positive impacts/creative directions in the areas of education, administration, and/or research and should address potential contributions to the advancement of the profession.

Presentations will be approximately seven minutes in length. Applications are available online at the SACME Web site. Deadline for receipt of abstracts is February 20, 2002.

## SOCIETY FOR ACADEMIC CME ANNUAL SPRING MEETING APRIL 10 TO 14, 2002 CHARLESTON, SOUTH CAROLINA

By Melinda Steele, M.Ed., Program Committee Chair and  
Jan Temple, Ph.D., Host Committee and Research Committee Chair



The Program Planning Committee has been hard at work since the Fall meeting in Washington D.C. preparing the agenda and content for the Spring 2002 annual meeting. We have an enticing and exciting program for you. Key topics that will be discussed include knowledge management, integration of the core competencies with CME, CME for grand rounds, a report from the Bioterrorism Task Force, and RICME/best practices. The call for abstracts is on the SACME Web site for both the RICME/best practices session and the core competencies session. Consider submitting an abstract to share your experiences and best practices in CME with your colleagues.

New to this year's meeting will be exhibitors from key service areas used by CME providers. SACME members were asked to participate in a survey to identify potential exhibitors late last Fall. Be sure to visit the exhibit area during breaks.

Jan Temple, Ph.D., Odessa Ussery, and the CME host group from Medical University of South Carolina have planned some entertaining social events to allow us to maximize our networking. Meeting facilities are in the heart of Charleston's historic district so be sure to bring comfortable walking shoes. You are only minutes away from historic homes, the performing arts, great restaurants, fine art galleries, the waterfront park, the museum, and the aquarium. Take a carriage tour right outside the hotel and capture the ambiance of our

lovely city. During our conference timeframe our city will be hosting the following activities: Charleston's 55<sup>th</sup> Annual Festival of Houses and Gardens; The Family Circle Cup 2002; and the 67<sup>th</sup> Annual Walking Tour of Private Houses and Gardens. These and other tours of historic landmarks to include the Hunley will be available for spouses and program participants. Spring in Charleston is grand and we encourage you to come early and stay a bit longer to embrace our lovely historic city. Come see for yourself why Charleston has been identified along with NYC as the #1 friendliest city in the nation. Check the Charleston Visitors Bureau Web site for additional information at [www.charlestoncvb.com](http://www.charlestoncvb.com). Do plan to join us for an enlightening and entertaining educational experience in Charleston!

The Program Planning Committee has already begun the task of planning our 2002 Fall meeting in conjunction with the AAMC meeting. Be a part of the process and attend the Program Committee meeting in Charleston. Your ideas and suggestions are welcome.

The SACME Spring 2002 program brochure and registration form can be found on the SACME Web page at [www.sacme.org](http://www.sacme.org) or at [www.musc.edu/sacme2002](http://www.musc.edu/sacme2002).

# SPRING 2002 PROGRAM OVERVIEW

## Wednesday, April 10, 2002

1:00 - 5:30 pm Board of Directors  
6:00 - 7:30 pm Program Committee

9:00 - 9:45 am

How Physicians Assimilate and Use Clinical Information  
**David Slawson, M.D.,**  
*University of Virginia Health System*

## Thursday, April 11, 2002

7:00 - 9:00 am Research Endowment Council  
8:00 - 9:00 am Membership Committee  
9:00 - 11:00 am Research Committee  
11:00am - 12:00pm Meeting Planning Group  
12:00 - 1:00 pm Finance Committee  
1:00 - 5:00 pm **Opening Session**

**Moderator: Melinda Steele, M.Ed.**

1:00 - 1:15 pm Welcome and Opening Remarks and Overview  
**Barbara Barnes, M.D. and Melinda Steele, M.Ed.**

1:15 - 2:15 pm Plenary Session – ACGME/ ABMS Core Competencies Integrating the Core Competencies with CME: Implementation Strategies and Best Practices\*

2:15 - 3:00 pm Small group sessions discussing ideas for implementation, strategies, partnerships, collaborations  
3:00 - 3:30 pm Break and Exhibits  
3:30 - 4:30 pm Bringing Grand Rounds into Compliance: Challenges and Opportunities  
**Barbara Barnes, M.D., Murray Kopelow, M.D., and Lee Manchul, M.D.**

4:30 - 5:00 pm Q/A and Discussion of CME for Grand Rounds  
5:00 - 6:00 pm New Member Orientation  
**Membership Chair: Susan Duncan, M.Ed.**

Evening Opening Reception/Activity

9:45 - 10:15 am

Break and Exhibits  
10:15 - 11:00 am Panel Discussion and Q/A on Knowledge Management  
**David Slawson, M.D., Nancy Lorenzi, Ph.D., and Jack Kues, Ph.D.**

11:00am - 12:00pm Safe Searching on the Internet  
**Anne Taylor-Vaisey, M.L.S.**

12:00 - 2:00 pm Business Meeting & Luncheon  
**Moderator: Jack Kues, Ph.D.**

2:30 - 4:30 pm **Optional** Follow-up Internet Workshop with Anne Taylor-Vaisey, M.L.S.  
Afternoon/Evening Free Time

## Saturday, April 13, 2002

8:00 am - 12:00 pm **Educational Session**

**Moderator: Jan Temple, Ph.D.**

8:00 - 10:00 am

RICME\*

10:00 - 10:15 am

Break and Exhibits

10:15am - 12:00pm

Best Practices\*

12:00 - 1:30 pm

Lunch on your own

1:30 - 5:00 pm

**Educational Session**

**Moderators: Jan Temple, Ph.D. and Lee Manchul, M.D.**

1:30 - 2:30 pm

RICME/Best Practices (continued)

2:30 - 4:30 pm

**Trends and Issues**

**Moderator: Barbara Barnes, M.D.**

2:30 - 3:15 pm

Bioterrorism Task Force Presentation  
**Mark Cheren, Ed.D., Richard Aghababian, M.D., and Melinda Steele, M.Ed.**

3:15 - 4:00 pm

Other "Hot Topics"

**Barbara Barnes, M.D.**

4:00 pm

Closing

Free Evening

## Friday, April 12, 2002

6:45 - 8:00 am Continental Breakfast

7:00 - 8:00 am Regional Breakfast Meetings

8:00 am - 1:00 pm **Educational Session**

**Moderator: Jack Kues, Ph.D.**

8:00 - 8:15 am Introductions and Preliminary Remarks

Introduction of Keynote Speakers

8:15 - 9:00 am Knowledge Management  
**Nancy Lorenzi, Ph.D., Vanderbilt University**

## Sunday, April 14, 2002

8:00 to 10:00 am

Town Meeting

Continental Breakfast

## RESEARCH SKILLS COMPUTER WORKSHOP AT THE SPRING MEETING

By Janet Z. Temple, Ph.D.

"Navigating Seas of Information: A Hands-on Workshop" will be held on Friday, April 12, 2002, from 2:30 to 4:30 pm in the computer laboratory on the Medical University of South Carolina campus, Charleston, South Carolina.

This highly practical computer workshop is for you if you need to:

- Capture the literature you need as a CME provider;
- Locate high-quality Web sites for clinical practice guidelines, evidence-based medicine, patient information, and more;
- Improve your database searching skills;
- Increase your confidence in navigating through the Internet.

The facilitator will be Anne Taylor-Vaisey, M.L.S., a librarian from Toronto with over 25 years of experience in library instruction, the past ten in continuing health education. Ms. Taylor-Vaisey helps manage the SACME Web site, is a member of the SACME Communications Task Force, and is committed to helping people find the information they need, fast.

Spaces are limited, and registration is required. Registration information will be included in the SACME Spring meeting information mailing, and on the SACME Web site at <http://www.sacme.org/SACME Meetings/Spring 2002/default.htm>. For more information, call (843) 876-1925.

\*See Call for Abstracts for this session on the SACME web site. Deadline for submission is February 20, 2002.



# THE SACME WEB SITE: NAVIGATING SEAS OF INFORMATION

By Anne Taylor-Vaisey, M.L.S.

Reference Librarian

Canadian Memorial Chiropractic College

Toronto, Canada

*This is a good counry for all young people both men and women as wages are very high mens wages is from twenty five to thirty pounds a yeare womens wages is from three to four dollars a month. I hope you will not be so long writing to me as I have been to you if you do not come out hear.*<sup>1</sup>

Thus wrote the young Scottish immigrant Isabella Brownlie to her brother in 1843, from Canada West to Glasgow. Her letters, written from 1843 to 1855, contain the information Isabella felt was important for her brother to know: wages, the prices of livestock and seeds and building materials, the weather, and how long it took to build a barn. She probably possessed all the information she needed for the mechanics of living—being housed, clothed, fed, and kept warm during the long winter months. It took a letter months to cross an ocean, months more for an answer to come back. A household probably possessed only a bible, and perhaps a few other books.

Information by itself often has limited meaning, just as the individual pieces of information in Isabella's letters may have little practical value to us in 2002. But information placed in context can become knowledge, and, in this case, it paints a picture of the hardships and loneliness of a young woman in Canada West, now Ontario. Isabella was my great-great-great-great-grandmother.

Perhaps, people of that time were not overloaded with information. Are we?

How much information are we dealing with, 150 years later?

## Sink or Swim

*The world produces between 1 and 2 exabytes of unique information per year, which is roughly 250 megabytes for every man, woman, and child on earth. An exabyte is a billion gigabytes, or  $10^{18}$  bytes.*<sup>2</sup> This statement is from the abstract of the 2000 Berkeley study *How Much Information?* in which researchers attempted to measure how much information is produced in the world each year. They conclude:

*It is clear we are drowning in a sea of information. The challenge is to learn to swim in that sea, rather than drown in it. Better understanding and better*

*tools are desperately needed if we are to take full advantage of the ever-increasing supply of information described in this report.*

## Fear of Not Knowing

Isabella probably spent little or no time worrying about what she didn't know. In my professional life, this is one of the fears I encounter most among faculty, students, and colleagues—the fear of not knowing, of not finding the best information or the best evidence. This fear has driven much of my work with CME providers, and it formed the basis of a presentation entitled *Practising Safe Searching: A Roadmap for CME Providers*<sup>3</sup>. This presentation explored the relationship of the information professional to the provision of continuing health education in the context



*Many continuing health education providers seek help from the internet service provider because they have a nagging feeling that they are missing something that someone out there must have written about the very program they are planning or that somewhere there is vital information that could help them be more effective in their work.*

of adult education principles, and posed three questions: 1. Are you getting enough? 2. Are you doing it right? 3. How do you score?

My concluding slide (and session handout) was a map of Internet resources for CME providers, divided into three routes: *Medical Education Research*, *Some of the Health Web*, and *Some of the rest of the web*. I included databases and Web sites that I use in my daily work. I offered this *Roadmap* to the workshop attendees, not as the final answer to their information needs, but as my best advice at the time.

### Enter the SACME Web Site

It was late in 2000 that I became involved with the SACME Web site (<http://www.sacme.org>), pioneered by Bob Bollinger some years ago. The site is now maintained by Prime Management Services<sup>4</sup> and until 2001 contained standard society information about membership, committees, meetings, and minutes. But the site did not reflect SACME members'

involvement in or contribution to research. What a challenge, to help develop a Web site to provide SACME members with tools to help them swim rather than drown in the Berkeley study's *sea of information*.

Over the next few months, I added pages that I knew would interest SACME members. Ideas came from several sources: problems encountered by colleagues, comments on the SACME listserv, conference calls with the SACME Communications Task Force<sup>5</sup>, and my own reading and surfing. Members can now find what they need to know about SACME, as well as a wealth of information about medical education journals, meetings, associations, listservs, document delivery, the evaluation of Web resources and more. My favourite page on the SACME site is the *Research Roadmap* (<http://www.sacme.org/Research/>), where internet resources are divided into five categories: continuing and medical education literature, medical literature, medical and health resources, general Web resources, and tools for the researcher.

*Obsession* is defined as a persistent, disturbing preoccupation with an often unreasonable idea or feeling<sup>6</sup>. I admit that this definition describes my relationship with the SACME Web site. I am a librarian with an obsessive need to help people get the information they need. When I get an idea for a new Web page, the idea does not just get my attention. It commandeers my attention! I have been known to get up in the middle of the night, boot up my computer, open

FrontPage, connect to the SACME server, and start writing.

Navigating the seas of information (or waves of exabytes) is a constant and growing challenge. The SACME Web site is like a lifeboat designed for continuing medical education professionals, and I urge you to climb aboard and grab an oar.

<sup>1</sup>*The Miller Letters*. In: Peterborough, Land of Shining Waters. Peterborough ON: Centennial Committee for the City & County of Peterborough, 1966, pp. 472-486.

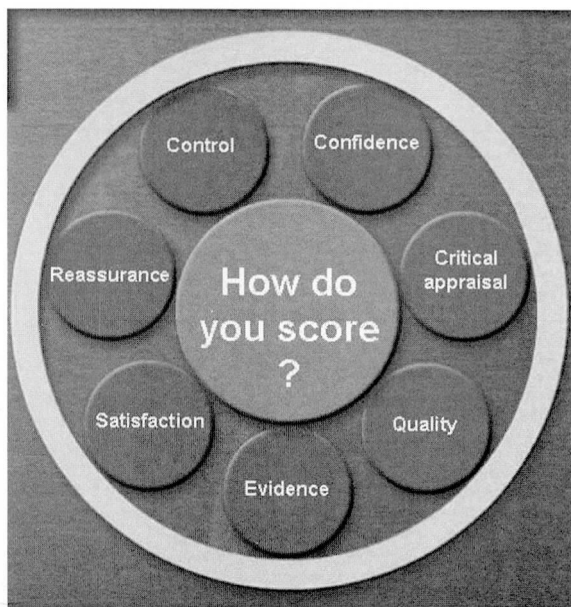
<sup>2</sup>Lyman P, Varian HR. *How Much Information?* Berkeley CA: School of Information Management and Systems, University of California at Berkeley, 2000. Accessed at <http://www.sims.berkeley.edu/how-much-info/> January 5, 2002.

<sup>3</sup>*Practising Safe Searching: a Roadmap for CME Providers*, presented as part of *Grand Rounds as a CME Activity*, at the 26<sup>th</sup> Annual Meeting of the Alliance for Continuing Medical Education, San Francisco, January 27, 2001.

<sup>4</sup>The SACME Web site is hosted and managed by Jim Ranieri of Prime Management Services, Birmingham AL. See <http://www.primemanagement.net>

<sup>5</sup>The SACME Communications Task Force was formed in July 2000, and is chaired by Jack Kues. See <http://www.sacme.org/committees/communications.htm>

<sup>6</sup>*Webster's Ninth New College Dictionary*. Markham ON: Thomas Allen & Sons Limited, 1985.



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# NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

By Dennis K. Wentz, M.D.

Director, Division of Continuing Physician Professional Development

As the new year crept into our lives, each of us probably reflected on the events of 2001 and what we regard as important. Such was certainly the case with me, and I thus want to use this opportunity to take a different approach from what this column usually discusses. The Council on Medical Education made a few practical decisions about the PRA program but because these have little impact on medical schools, I will defer them to the next issue.

It is my strong belief that providers of continuing medical education (CME) must always be in tune with the day-to-day work and the issues of medicine. That obligation is particularly relevant to medical schools and academic medical centers. In this issue, I wanted to draw your attention to a major new statement from the AMA that reaffirms the vital role that physicians must take in their extended community, especially in the light of the uncertainties of war, of bioterrorism, all in light of the horrific events of September 11, 2001. It is called "A Declaration of Professional Responsibility".

The academic CME community knows well the existence of ethical standards for physicians. We have previously reported on the progress of the campaign to create awareness among physicians and all other stakeholders about the ethical issues of gifts to physicians from industry. That particular ethical standard is contained in the AMA Code of Medical Ethics and the Ethical Principles of the Council on Ethical and Judicial Affairs (CEJA). Many do not realize that the Code of Medical Ethics and the

associated Opinions are directly endorsed (or used as a basic framework) by all of the 105 medical specialty societies, and the 50 state medical societies that are part of the AMA Federation. While adherence to the code is first and foremost a matter of personal professional integrity, it has over time been widely used in reaching decisions about physicians by state medical licensing boards, courts of law, and other regulatory bodies.

The AMA House of Delegates on December 4, 2001 unanimously adopted the following report of CEJA: "A

Declaration of Professional Responsibility: Medicine's Social Contract with Humanity". The AMA is now disseminating it to the global medical community in the hope that physicians and their organizations around the world will adopt it. Although a lengthier report accompanies it, the declaration is straightforward and speaks to the new world in which physicians function in 2002.

The declaration is a public reaffirmation of the ideals and obligations of the profession. The adopting report stated that "these ideals and obligations

## *Declaration*

We, the members of the world community of physicians solemnly commit ourselves to:

- I. Respect human life and the dignity of every individual.
- II. Refrain from supporting or committing crimes against humanity and condemn any such acts.
- III. Treat the sick and injured with competence and compassion and without any prejudice.
- IV. Apply our knowledge and skills when needed, though doing so may put us at risk.
- V. Protect the privacy and confidentiality of those for whom we care and breach that confidence only when keeping it would seriously threaten their health and safety or that of others.
- VI. Work freely with colleagues to discover, develop, and promote advances in medicine and public health that ameliorate suffering and contribute to human well being.
- VII. Educate the public and polity about present and future threats to the health of humanity.
- VIII. Advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well being.
- IX. Teach and mentor those who follow us, for they are the future of our caring profession.

***We make these promises solemnly, freely, and upon our personal and professional honor.***



transcend physician roles and specialties, professional associations, geographic boundaries, and political differences—uniting all physicians in a community of service to humankind.” Because of its context and symbolic nature, the declaration employs language appropriate to the historical moment in which it arises, and it adopts a tone intended to inspire reflection and rededication. The preamble says it well:

“Never in the history of human civilization has the well being of each individual been so inextricably linked to that of every other. Plagues and pandemics respect no national borders in a world of global commerce and travel. Wars and acts of terrorism enlist innocents as combatants and mark civilians as targets. Advances in medical science and genetics, while promising to do great good, may also be harnessed as agents of evil. The unprecedented scope and immediacy of

these universal challenges demand concerted action and response by all.

“As physicians we are bound in our response by a common heritage of caring for the sick and the suffering. Through the centuries, individual physicians have fulfilled this obligation by applying their skills and knowledge competently, selflessly, and, at times, heroically. Today, our profession must reaffirm its historical commitment to combat natural and man-made assaults on the health and well being of humankind. Only by acting together across geographic and ideological divides can we overcome such powerful threats. Humanity is our patient.”

There are opportunities here for all of us in CME and in CPPD. I’m not sure where in our schools of medicine these thoughts will surface but I hope the academic CME community will take a

leadership role. The issues truly cut across the continuum of medical education. I suspect that many of you can identify faculty members who have interest in subjects like these, subjects that are rarely discussed within our usual CME offerings. I’d welcome a dialogue about how to further disseminate what I believe is an important new document. The declaration, and the accompanying Report 5 of the Council on Ethical and Judicial Affairs, can be found on the AMA Web site in a .pdf format. Look at the CEJA homepage at <http://www.ama-assn.org/go/ceja> or use the direct link to the page: <http://www.ama-assn.org/ama/pub/article/5496-5750.html>.

May the New Year of 2002 be one of achievement and personal growth for all of us.

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## From the President - Continued from page 2

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- *AMA:* Dr. Nancy Davis and I are serving on a task force to evaluate the feasibility of granting category 1 credit for physician participation in CQI activities. Requests for pilot projects will soon be distributed. I also attended a meeting to discuss mechanisms for educating physicians about new developments in genetics. Participants came from a wide variety of academic, educational, specialty, and advocacy organizations. There was very interesting debate regarding level of knowledge and competency that could be reasonably expected of practicing physicians.
- *Tri-Group:* SACME, AHME, and the Alliance are actively planning for Congress 2004 which will be held

in Toronto. Dr. Dave Davis is the program director and has some great ideas about the format and content. The Tri-Group is working with the JCEHP Administrative Board to assure that the publication continues its long tradition of academic excellence.

The recognition of SACME’s central role in the world of CME is demonstrated by the interest that has been expressed in our new membership categories. We have received applications from CME professionals in government and specialty societies. A brochure outlining membership benefits is being prepared and Nancy Davis will be making a presentation at the Alliance Specialty Society SIG at the end of the month.

This is truly a great time in the history of our organization. We have the opportunity to shape the role of CME in medical schools and determine the future of our discipline. The Spring meeting in Charleston will be a critically important venue for discussing the many opportunities and challenges we face. I look forward to seeing all of you there.



*Congratulations  
to Jim and Chi  
Ranieri on the  
birth of their  
daughter Bella  
Anh Ranieri.*

Newsletter of the Society for Academic  
Continuing Medical Education  
3416 Primm Lane  
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## UPCOMING EVENTS

January 30-February 2, 2002

Alliance for CME Annual Conference  
Orlando, Florida

Web site: <http://www.acme-assn.org>

March 1-2, 2002

Understanding ACCME Accreditation  
Chicago, Illinois  
Contact: Sandra Benitez (312) 464-2500

March 14-17, 2002

Building and Assessing Competencies for Educators  
and Learners  
CGEA Spring Meeting  
Hosted by Northwestern University Medical School  
Chicago, Illinois  
Web site: <http://www.medlib.iupui.edu/cgea/gea.html>

March 21-22, 2002

Assessment of Physician-Patient Communication  
Sponsored by ABMS/ACGME  
Rosemont, Illinois  
Web site: [www.abms.org](http://www.abms.org) (go to Conferences)

April 10-14, 2002

SACME Spring Meeting  
Charleston, South Carolina  
Contact: Jan Temple or Odessa Ussery (843) 876-1925

July 26-27, 2002

CME: The Basics  
Chicago, Illinois  
Web site: [www.acme-assn.org](http://www.acme-assn.org)