

The President's Perspective

By David Wiljer, PhD

President, Society for Academic Continuing Medical Education



A little bit country ...

We are counting down the days *Till We Meet Again* (Whiting and Egan, first topped the charts in 1919) at our SACME Annual Meeting. Whether you will be attending online or coming to Nashville in person, I cannot wait for us all to be together. We already have more than 200 people attending the meeting and it is not too late to register – don't miss out. As most of us have had to navigate turbulent events over the last several years, it will be a time for us to come together, be inspired, and re-energize to continue to retune the future of CPD.

The SACME 2023 Multichannel Meeting (Tym Peters is still trying to explain the multiverse to me and says I can be *Happy Anywhere*--Shelton, 2021) is shaping up in an exciting way, with something for everyone in the CPD/CME Community. From our Keynote (might there be music in Nashville, seriously?) by David Price to our panel presentations on CPD/QI, the value proposition of CPD, partnering with patients, and the SACME education toolkit, we will unpack some grand *ole* and new ideas about CPD and strike some new chords for CPD, *that's the way it is on the Nashville scene* (Hank Williams Jr., 1985). Workshops, oral and poster presentations, networking, and social interludes will round out our program.

Speaking of music, did you know that Gibson still makes some guitars in Nashville, Tennessee (well after they moved most of their production from Kalamazoo in 1974 – two years before the first SACME meeting)? I might be obsessed with guitars. I have two Gibson guitars, a semi-hollow body ES-339 and a classic '56 LG 3 (you know if you know). And, I have spent 15 years trying to learn to play them (and a few others). It turns out, it might not be the guitar.... But *play the guitar, play it again* (Johnny Guitar, Peggy Lee, 1954). Alas, I have a great

teacher, Steve Briggs (who had a Swing-a-Billy Orchestra called the Bebop Cowboys). Each week we meet and talk about music and teaching and learning and we strum a few bars. Mostly, we talk about the challenges of teaching, techniques, ways of engaging learners, and continually improving and developing as educators. His enthusiasm for teaching is infectious – he cares deeply about every one of his students and the teachers around him – he is humble and funny and gracious. He teaches from the perspective of passion and compassion, and I don't miss a week. So, what does this have to do with us – well, great teaching, of course.

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I was reflecting on the great teaching we experience in CPD/CME and trying to think of some of the most inspiring educators that I met or listened to over the years, and there have been many. The educator who inspired me the most over my career was Pamela Catton. Unfortunately, she passed away at too young an age several years ago, but she remains with me every day, as she inspired me to try to be the best educator through compassion, caring, following the evidence, and putting our patients first in every conversation. Ivan Silver has always inspired me to experiment and to re-imagine and reinvent boundaries of learning and teaching. I have also learned so much from incredible colleagues like Asha Maharaj and Morag Paton, who we know well from their work on the Scholarship Awards Subcommittee. Asha and Morag are dedicated CPD/CME professionals who continually demonstrate excellence and push the boundaries in the work that they do. And you will hear more about Morag's recent PhD thesis and research that brings to light the important work that administrative professionals do, often unrecognized, in furthering our field.

As our educators are so important, I am very excited about the work that SACME is doing to support educators and high-quality education. We are encouraging the use of our recently minted CE Educator's Toolkit, completed in collaboration with ACCME, and we are revitalizing our educational activities through the Capacity Building Subcommittee, the Faculty Development Com-

mittee, and the Technology-Enhanced CPD Committee, just to name a few. In addition, members of the Academy have worked extremely hard to develop an outstanding mentorship program to ensure that we share experience and inspire others to reinvent the future of CPD and its activities.

In addition, I have heard so many inspiring educators at SACME. You will be able to revisit some of their recent hits on the Annual Meeting platform – one of our multiple learning channels for this year's conference. And, I have no doubt that we will all add more memorable and inspirational moments to our records in Nashville and future meetings to come. Stay tuned. So, my challenge and ask of you, as you prepare for the meeting, is to spend a moment reflecting on great inspirational educational moments and share them with us. If you send them to me directly, david.wiljer@uhn.ca (re: CPD Inspiration), or post them on our Annual Meeting platform, we will take a moment to celebrate our great teachers, share some of your memories with our community, and summarize some of the themes for a future issue of *Intercom*.

Anyhow, enough from the *Ramblin Man* (Betts, 1971), and we will see you in Nashville.

David Wiljer, PhD
President, SACME, 2023



Annual meeting preview

By Tym Peters, University of California, San Francisco

Our annual meeting is now just a couple of weeks away, and I'm thrilled about the prospect of implementing our multi-channel approach. We have a lot of questions – can we bridge the gap between in-person and livestream channels, or synchronous and asynchronous channels? Can we successfully manage interactions between virtual and on-site attendees? Will we have enough volunteers to make it work? (Ed. Note: volunteers needed, if you can help email us at info@sacme.org). How might feedback differ between these cohorts? And ultimately, can it be a successful approach to a large-scale meeting, and what will we learn from it?

To date, we are planning to release content and engage attendees through multiple channels: the On-demand Channel and Reading Channel (asynchronously), the Nashville Channel (on-site), the Virtual Channel (live over Zoom), and the Discussion and Community Channels (via the multichannel conference app). There may be more added as the program continues to develop! Look for announcements as these channels open later this month going into March.

One thing I have to make clear is that the level of access for in-person and virtual attendees will be identical – that's right, all access all the time (except for the bar discussions at the Marriott Nashville at Vanderbilt University, but who knows?). A primary goal in having a multi-channel meeting is to ensure that there are ways to distribute content over time and that participants on both sides of the live stream are able to interact and have access to the same content. With very few exceptions, those participating virtually should be able to engage with the same parts of the live meeting as the participants on-site, even if the modality is different. This includes integrating both audiences into our plenaries, concurrent sessions, breakouts and small group work, social activities, casual learning sessions, and the use of a singular conference app/virtual platform for learners to engage “as if they were there.”

Our programming starts on February 27th with a workshop on integrating people with lived experience into the simulation design cycle. This is followed by a three-part series on coaching in the CPD environment beginning on March 1st. Additional workshops will cover topics such as scoping reviews, barriers to change in CPD environments, virtual scenario design, and how to engage in dialog around culture change within an organization. These workshops will be virtual, and on March 14th, in-person

attendees can avail of our 3-hour workshop on addressing well-being and burnout. Click here for [full](#) details. And if you still haven't signed up, there's still time – don't forget, we're multi-channel this year so jump off the fence and [register](#).

During the event proper, excellent sessions to look forward to include applying the CE toolkit, driving change, and structuring patient partnerships and increasing alignment with healthcare systems to improve outcomes.

Our Keynote speaker will be Dr. David Price, familiar to many of us as a long-time thought leader in SACME and expert in the field of education and education quality improvement. In a recent article titled “*Systems-Integrated CME: The Implementation and Outcomes Imperative for Continuing Medical Education in the Learning Health Care Enterprise*,” David argues that “the structure and delivery of CME have not sufficiently evolved to be broadly viewed by health enterprise leaders as a strategic or integral asset to improving health care delivery” and new models are needed to make the vital role of CME visible within health care delivery enterprises.

He goes on to argue that CME has been slow to change, with passive sessions still more the norm than exception, and methods of accumulating credit still centered on hours instead of outcomes. Further, alignment between CME and quality improvement units in many health enterprises continues to be tenuous, and all of these factors result in “insufficiently few health care enterprise leaders (embracing) CME as a strategic asset or change agent.” This vexing landscape still presents opportunities “for engaging physicians in addressing the patient care challenges faced by the health care enterprises in which they work” if we can increase collaboration and develop mutual strategic goals to “tackle complex problems and translate evidence (“the what” and “the how”) into health enterprise practice (“how to do the how”).” There's much here to ignite and inspire our imagination.

We'll hear a lot more from David on the challenges and opportunities facing CPD on Wednesday, March 15th so be ready to take notes and engage in the conversation. And one more time, if you can help, we need some moderators, some folks to help with basic tech support, and some people to help monitor online interactions, so please contact [Tym Peters](#) if you're interested! We look forward to seeing and hearing from you in Nashville, whichever part of the Multiverse you choose to participate.



Foucauldian Discourse and the power of facilitating professionalization *(Don't stop reading because of this title)* A Conversation with Morag Patton, University of Toronto

Most of us have encountered situations in which we didn't feel free to offer our opinions about significant questions at work. In many situations you think to yourself, "I have an idea I really believe will work", but the other voices at the table have more power, or authority, or experience, or all three, and you let the moment pass because you second-guessed yourself. Morag Paton, SACME member, Education Research Coordinator in Continuing Professional Development in the Temerty Faculty of Medicine at the University of Toronto frequently found herself in that situation during her professional career and it made her ask why, and ultimately turn it into the topic of her dissertation in Higher Education at the *Ontario Institute for Studies in Education* at the University of Toronto.

"I observed numerous situations in which I was able to ask questions and make statements in some environments, but not others, with essentially the same person. Why was it that I could ask questions and engage in dialog with a person as a graduate student, but these interactions changed when our conversations were of a professional nature related to my status as a staff member?" Through Foucauldian discourse analysis, a mouthful that may be expressed in simpler terms as examining the often unspoken rules and expectations about what can be said, or not said, or about what can be written or not written, and how those rules and expectations came to be.

"I was really interested in that. That philosophy, essentially, of looking at things that are not said, or invisible, or not often revealed."

"So answering this question required examining how we relate to each other on a day-to-day basis and how that affects how we work, the efficiency and the effectiveness of our work, and by extension the projects we get to work on."

"So I was really focused on a very specific context: unionized administrative staff in three departments in the University of Toronto's faculty of medicine". Here some researchers may ask about the generalizability of this research outside of this context. While this kind of research is purposefully specific, as many of us know, we probably also brush up against power structures within individuals, groups, or systems on a daily basis. There's a relevance there to how we do our own work, in our own contexts.

"Staff, for example, act professionally. In one of the discourses I identified, we can see that staff are acting 'professionally', consider themselves to be 'professionals' but traditionally staff are not considered to be "professionals" within a traditional academic hierarchy." "In contrast, faculty were very specific as to what they mean by professional." They said "I'm a member of a

regulated health profession. Yes, I am a professional” but then some hesitated to call themselves ‘professional’ when speaking of their roles as educators. An intriguing aspect of the question is how we construct identity, and perhaps also the impact of our organizational structures on our perceived identities. One way of thinking about it, is the idea of a third-space professional. This is frequently someone, like Morag and many of us, who might have worked in a number of positions and accumulated years of experience in education, business, or administrative leadership, and may well have attained advanced degrees, but they’re not faculty and perhaps also not strictly part of an administrative staff. “We see this emerging in our increasingly complex environment” Morag observes, “with, for example, learning designers and learning technologists becoming an increasingly important contributor to the complex, team-based tasks required to generate effective education.” She continues, “They are not necessarily faculty. They do not have the content expertise that a faculty member has, but they have a level of expertise, and it’s interesting how those positions are being valued (or not) within health professions education.”

If the many forms of staff expertise is not sufficiently recognized and valued, then staff may not be asked to contribute this expertise in questions large and small or they may come to feel that it is not their place to do so. “You lose a lot of opportunity and expertise if you don’t look at those spaces, and you don’t ask those people for opinions, and don’t consult with those groups.”

Although not focused on the world of continuing professional development, her conclusions and recommendations include thoughts some have us have wanted to shout from the rooftops as task complexity in the CPD sphere continues to drive an increased level of skill acquisition, team-based decision making, and broad-perspective questioning to accomplish goals.

Team structure matters – a lot. So all stakeholder perspectives need some consideration when we face big questions. A significant corollary is team member orientation also matters greatly. We have to explicitly communicate team ethos, standards, and expectations for all members so that everyone understands how each member can contribute. Carve out spaces for agency – provide opportunities for staff to engage and offer opinions, ask questions, propose solutions, and contribute to scholarly projects as authors, co-authors, or collaborators. It’s also important to share experiences in everyday settings to build

recognition of employees, and to encourage everyone to examine all of the roles within the enterprise of health professions education, including encouraging scholarship *about* roles, processes, and activities *from those who work* in those roles, processes, and activities (see what she did there).

And on a larger scale, meaningful staff representation on governing bodies, tasks forces, and other institutional decision making groups is necessary to generate a more complete picture of organizational decisions to ensure that any change has broad acceptance and applicability.

Morag saw great value in creating staff agency and distributing team power beyond the historical power players in the course of developing her dissertation. “When staff and faculty were describing situations that work really well, in the interviews, they were saying “the staff member had space in their job to have responsibility over things. They weren’t just being told what to do, or how to do it. So I would encourage people to give staff a little larger scope as to what they can do.” Carving space for more staff agency may also, at least marginally, impact the dreaded but still-all-too-ubiquitous “we’ve always done it like this” comments on any proposed change. When staff expertise is included, and when staff can be empowered to suggest or make changes that make our work better for everyone, change can happen.

She also recognized staff agency and the valuing of different forms of expertise as a strength within our own little SACME community. “SACME conferences...are interesting because I see people who are like me, who have worked in the higher education, or in hospitals... they are accreditation experts, education experts, and a lot of different people with other kinds of expertise, and I think it all comes together really nicely.”

Fellows Academy Report

By Betsy Williams, Professional Renewal Center, Kansas

The Academy Steering Committee and Academy of Fellows most recently met on December 12 and December 14, 2022. During the Steering Committee meeting committee members discussed the possibility of developing a pilot webinar series in which members of the Academy would share their knowledge and expertise with the broader SACME community. A discussion of the benefits of conducting a needs assessment to help gauge level of interest and potential topics of interest ensued including how the data-gathering process could be streamlined to be timely and of minimal burden to potential respondents. Based on these suggestions, Regional Representatives were asked to query participants during their regularly scheduled regional coffee chat meetings. Many thanks to both our regional representatives and coffee chat attendees for providing their suggestions. Topic ideas included what is competency-based education and what needs to be done to demonstrate competency; practical CPD process improvement topics such as Joint Accreditation, commercial support, how has COVID changed our landscape and our online education; and funding of CME/CPD activities. Respondents also voiced interest in resuming Virtual Journal Club presentations and perhaps choosing a scholarly topic followed by a facilitated discussion on how the topic can be tied to practice. While many expressed some interest in reviving the Virtual Journal Club, most agreed that while they had interest in attending, fitting it into their schedule always seemed to be problematic.

The Academy's Faculty Development Committee has been busy this last quarter and has made great progress. The committee (Co-Chaired by Joyce Fried and Gary Smith, with Sue Lawler serving as Vice Chair) has held regular meetings. Members include Nels Carlson, Ginny Jacobs, Constance LeBlanc, Latika Nirula, Pat O'Sullivan, Ajit Sachdeva, Ivan Silver, Janine Shapiro, Suzan Schneeweiss, and Yvonne Steinert. The committee has decided to create a series of webinars (workshops and lectures) with an anticipated start date of this summer. Gary, Joyce, and Sue are in the process of writing goals for the series. The broader committee will provide their feedback and approval of the goals which will form the basis for identification of session topics and facilitators. The proposal will be sent to the Academy Steering Committee, the Scholarship Committee, and then the SACME Board for final approval.

The Mentorship Program continues to thrive. The program runs on an academic cycle from July 1 to June 30 with open rolling admission. Several of our mentor/mentee pairs submitted abstracts for presentation at the SACME annual meeting. We hope to see you at the sessions. The Mentorship Committee is interested in gathering suggestions from mentor/mentee pairs and our broader SACME community on how we can incorporate their story into the program for the annual meeting. There continues to be discussion on how mentorship is aligned with scholarship since there are various types of mentorship—research, scholarship, and career.

Many thanks to Jack Kues, the Chair of the Mentorship Program. I am happy to report that many of our Academy Fellows will be attending the SACME Annual Meeting either live (15 at the time of reporting) or virtually (2). The SACME Academy of Fellows was created in 2016, based on a proposal presented by then SACME President, Dr. Ajit (Sach) Sachdeva. The mission of the Academy is to recognize preeminent leaders of national and international renown from the field of academic Continuing Professional Development (CPD) and actively engage them in taking the field to a new level. One of the Academy missions is to actively engage CPD leaders in pursuing innovative programs designed to significantly advance the field and to be of benefit to the Society at large. The Academy also hopes to bring greater recognition to SACME, both nationally and internationally, ensure that leaders and experts in the field continue to remain actively engaged in the activities of SACME, and provide SACME members the opportunity to meet with and learn from the expertise of this group. The upcoming Annual Meeting will be a perfect time to network with Academy Fellows and learn from their wisdom and experience. On behalf of the entire Academy and the SACME Board of Directors, we hope to see you in Nashville!





Updates from the ABMS

By Greg Ogrinc, MD, MS

Senior Vice President, Certification Standards and Programs

As the leading organization for physician board certification, the American Board of Medical Specialties (ABMS) provides the expertise, insights, and support to elevate the discipline of specialty medicine. Given that much of our work intersects with continuing medical education and continuing professional development, we are providing the following relevant updates.

ABMS Affirms Support of Diplomates Providing Medical Care Based on Specialty-Specific Standards

In response to the numerous legal actions across the country aimed at prohibiting access and delivery of specific, evidence-based medical care, the ABMS Board of Directors recently passed a resolution stating that “Member Boards will not be required to take reciprocal certification action when a license has been revoked or otherwise sanctioned solely because the appropriate, medically necessary care provided to an informed and consenting patient was in opposition to a mandate lacking scientific, safety, or specialty-based justifications. This will enable Member Boards to advance their commitment to prioritizing patient welfare and shared decision-making.” [Read the resolution in its entirety.](#)

Why Standards Matter

Tara Montgomery, Founder & Principal of Civic Health Partners, an independent coaching and consulting practice that helps leaders reflect on trust and develop public engagement strategies that are worthy of trust, recently posted a commentary entitled *Why standards matter* on her website. She notes that as medicine has become politicized, it has created mistrust in physicians, which is compounded by health misinformation. Montgomery, who serves as a volunteer public member on the ABMS Board of Directors, discusses how high professional standards can help physicians earn back the trust that has eroded in recent years. She points to the rigor of specialty board certification by an ABMS Member Board, which represents a commitment to both learning and accountability, as one of the strongest signals for placing trust in physicians. Montgomery offers recommendations to help build a culture of trust in medicine, based on facts and not ideology, that also can push back against the assault on the medical profession. [Read the commentary in its entirety.](#)



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Wales Behavioral Assessment Joins ABMS Portfolio Program

Wales Behavioral Assessment (WBA) in Kansas recently joined the [ABMS Portfolio Program](#)[™]. WBA offers a range of services for health care providers, including education, consultation, and research. Educational programming focuses on the ABMS core competency areas of interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice. WBA fosters and promotes public safety by collaborating with clients to develop skills that improve both personal functioning and professional competence. WBA specializes in addressing professionalism issues with health care providers, offering them the opportunity to gain new behavioral skills that enable them to function in an increasingly complex medical environment, document specific behavioral changes, and maintain their position and privileges in their practice or organization. Offering continuing medical education courses, including the Program for Distressed Physicians and Continuous Ongoing Professional Education, WBA also provides consulting services to organizations, including health care institutions, on quality management, organizational functioning, and market strategy. [Read more.](#)

ABMS Recognized at I.C.E. Exchange Conference

ABMS recently received the 2022 Innovator Award from the [Institute for Credentialing Excellence](#) (I.C.E.) for its development of the [CertLink](#)[®] assessment platform. The Innovator Award recognizes an organization for creating “an innovative approach to a product, policy, process, or system that transforms or achieves a new level of success in a unique and innovative way and also is transformative and replicable for other individuals/organizations.” Additionally, Tom Granatir, ABMS’ Senior Vice President of Policy and External Relations, received the Ben Shimberg Public Service Award. This award was created to honor the contributions of Dr. Benjamin Shimberg, widely considered the father of accountability in professional and occupational licensing, who passed away in 2003. This award recognizes Granatir’s career-long dedication and passion surrounding professional accountability in health care and his personal commitment to the important role of ABMS public members’ input into the credentialing process. [Read more.](#)

Recent issues of *ABMS Insights* Highlights ABMS Conference 2022

The [winter 2022 issue of *ABMS Insights*](#) highlights sessions from [ABMS Conference 2022](#). Discover how [misinformation and disinformation in health care cost lives and create distrust](#). Learn how [competency-based medical education can positively impact and improve patient care](#) through better procedural skills training. Explore [programs that promote professional accountability and help identify clinicians for remedial services](#), both of which allow health care organizations to build a culture of safety while supporting clinician well-being. Gain insights into how [ABMS Member Boards are addressing diversity, equity, and inclusion](#) and a broader view of enhancing justice and health equity.

Save the Date: ABMS Conference 2023

[ABMS Conference 2023](#) will be held Sept. 19-21 at the Loews O’Hare Hotel in Rosemont, Ill. This premier conference on the certification of health care professionals focuses on assessment, improvement, professionalism, and professional development. At this annual event, attendees can expand their knowledge, share best practices, connect with peers, and engage in opportunities to learn and grow. Registration opens soon.

Communications Committee Report

By Leslie Doering, Oregon Health & Science University Division of CPD

You may have noticed the new-look CE News in your inbox over the last few editions. This new design spearheaded by Robert D'Antuono and Vjekoslav Hlede uses Word Press to create a more engaging look and feel, and is a starting point for moving more of our communications activity to a web-based environment. We have not gotten away entirely from the Jurassic world of pdfs, as evidenced by what you're reading now, but in short order, the revamped website, publications, and member resources will present a more integrated front.

Speaking of the website review, requested website updates have been submitted to our management group, Bostrom Association Management Firm, and will soon be completed on the site itself. Bostrom who, you ask? Many of us might not know, but since all of our members have pesky day jobs that keep getting in the way of society activity, we contract with Bostrom to manage a lot of the nuts and bolts processes that help keep us running. We work primarily with [Mik Bauer](#) and [Courtney Fowler](#) to make sure all of our wheels stay greased [and...any specific tasks that we might mention], and as professionals in the association management space they provide valuable insight and assistance in maintaining and enhancing our inner processes. [Bostrom](#) is located in Chicago and works with a number of organizations of various sizes, including ACCME.

All major updates and changes have been sent along to our management group and those updates are in progress. Maintaining a solid website is of course an ongoing endeavor, not a one-off restructure. If you have some design skills, some Word Press experience, or just a general interest, we could use your talents on the communications committee.

Our annual meeting is right around the corner, and hopefully you have seen plenty of communications on the lineup and registration information up to this point, but you can register for the event and for one of our many pre-conference workshops [here](#). To stay up to date on what's happening follow us on Twitter [@sacme_cpd#SACME2023](#), and you can also [sign up to connect on LinkedIn](#).

One of the committee's area for review in 2023 will be use of social media. We have lots of questions to ask of

you: Do you use social media for CPD communications at your institution? If so, what do you use, and how do you use it? What is your institution's policy on Social? We hope to get a handle on this topic over the next few months so we can identify member needs and provide additional opportunities for us to connect outside our standard communications channels.

Having said that, don't forget that we have some tried and true mechanisms to communicate with one another. Our good old fashioned [listserv](#) continues to provide a valuable forum for interacting with peers at other institutions and bouncing questions and ideas off of each other. Recent activity includes discussions around provision of MOC Part IV to physicians, and possibilities of integrating those efforts with PI_CME projects; mechanisms for tracking resident activity at institutions with resident programs; and clarifications on guidelines around regularly scheduled series; along with additional notices on activities and opportunities of interest to membership. This is a great space to pick the brain of your fellow professionals or offer words of advice to people new to the field. So please keep one eye on those communications as there's always value in getting the perspectives of members on these issues.

Finally, this is my last report as chair of the communications committee. It's been quite the rollercoaster over the past few years, particularly with the intervention of a global pandemic and a complete transformation in the way all of us do business, among other minor annoyances. I've had a lot of fun in this position but the time has come to pass the torch to a fresh runner, and Cindy Juarez has graciously agreed to take up the mantle and push us forward and you'll be hearing from her in future Intercom editions.



Updates from the AAMC

By Lisa Howley, MEd, PhD, Senior Transforming Medical Education,
lhowley@aamc.org, [@LisaDHowley](https://twitter.com/LisaDHowley)

I am pleased to share updates and announcements with the SACME community. The AAMC (Association of American Medical Colleges) is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 157 U.S. medical schools accredited by the [Liaison Committee on Medical Education](#); 13 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers.

Below are several updates that are relevant to our colleagues in continuing medical education and continuing professional development. Feel free to reach out with questions or suggestions to cme@aamc.org or lhowley@aamc.org.

Select AAMC Announcements and Initiatives

Learn Serve Lead 2022 Annual Conference held November in Nashville, Tennessee included many plenaries, sessions and events including the workshop: *Something*

for Everyone: Continuing Professional Development (CPD) Advances Education Across the Continuum. This

was created and delivered by the CPD Section of the AAMC Group on Educational Affairs (GEA) after initial presentation at each of the four GEA regional meetings to elicit feedback and consider diverse perspectives. Workshop participants were presented with a new inclusive conceptual model of CPD. Success stories and case studies were shared to apply this model to practical challenges. Feedback from participants was very positive and included praise for the inclusive CPD model that resonated with many who had been doing CPD for years, yet had not connected the “dots” that this was connected to the CPD community.

Academic Medicine/MedEdPORTAL Scholarly Publishing Webinar Series

This free monthly webinar series, co-sponsored by Academic Medicine and MedEdPORTAL, will cover the importance of publishing your education scholarship and practical suggestions for how to do so successfully, including how to improve your writing and navigate the peer-review and publication processes. Sessions will



include interactive exercises to practice what you have learned and time for Q&A with the featured panelists. Learn more and register [here](#).

Teaching for Quality (Te4Q) 2.0, the AAMC faculty development program, is being launched spring 2023. *Teaching for Quality* is open to anyone in the CME/CPD community who want to learn more about educational design, applying adult learning principles, implementing competency-based education, designing and evaluation effective learning interventions. There will be eight (8), 90-minute sessions, beginning April through May with a final check-in, September, 2023. More information can be [found here](#).

AAMC LEAD (Leadership Education and Development Certificate Program) Accepting Applications for its Next Cohort

Build the foundational skills you need to become a transformational leader in medical education as a LEAD Certificate Program Fellow. The program's yearlong curriculum is delivered through instruction, coaching, and applied learning activities and focuses on four primary areas listed below. The intended audience is early career to mid-career professionals who are aspiring to or are already in leadership roles in medical education.

[Learn more.](#)

- Establishing strategic vision and setting direction
- Developing people
- Leading change
- Managing effectively

National Plan for Health Workforce Well-Being Released

The National Academy of Medicine's (NAM) Clinician Well-Being Collaborative published its *National Plan for Health Workforce Well-Being*. The plan builds on six years of collaboration among a network of more than 200 organizations, a related 2019 NAM report, the May 2022 Surgeon General's Advisory, and almost 2,000 comments received during a public input opportunity. The AAMC is one of the founding organizations of the collaborative.

[Read More](#)

Health Misinformation and the Role of Medical Educators: Cooperative Program between CDC "and AAMC

Health care professionals have a unique and important role in addressing health misinformation. The AAMC has awarded round two curricular innovations grants to multiple teams from AAMC-member institutions. The continuation grants will support the ongoing development of competency-based, interprofessional strategies for preparing learners and faculty to address health misinformation. These awards are supported through a cooperative agreement with the Centers for Disease Control and Prevention to build confidence in the COVID-19 vaccines. [Click here](#) for details on grantees.



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Join Us in Chicago for Learn to Thrive 2023



May 16 - 18, 2023
Chicago

We're delighted to invite you, our vibrant community of continuing medical education (CME) professionals, to Learn to Thrive 2023, the ACCME's annual meeting, on May 16-18, 2023 at the Sheraton Grand Chicago. We've designed this meeting with your professional development needs in mind—including new opportunities to level up and discover actionable strategies that will optimize your role in helping clinicians deliver quality patient care. Throughout this three-day meeting, you'll join stakeholders from across the healthcare education continuum to learn from the rich diversity of educational and collaborative approaches that are improving healthcare each day.

Pre-Conference Sessions

- **Starting Point:** New to CME? Join us for this optional pre-conference session to help get you up to speed on ACCME's requirements.
- **Getting ready for the Accreditation Process:** Want to learn more about how to become accredited? Is your organization embarking on re-accreditation soon? This session will take an in-depth look at ACCME's initial accreditation and reaccreditation processes and share tips on how to set your organization up for success.

We look forward to welcoming you to Chicago for an enriching conference, celebrating all that we've achieved and how we can continue to deliver transformative accredited education.

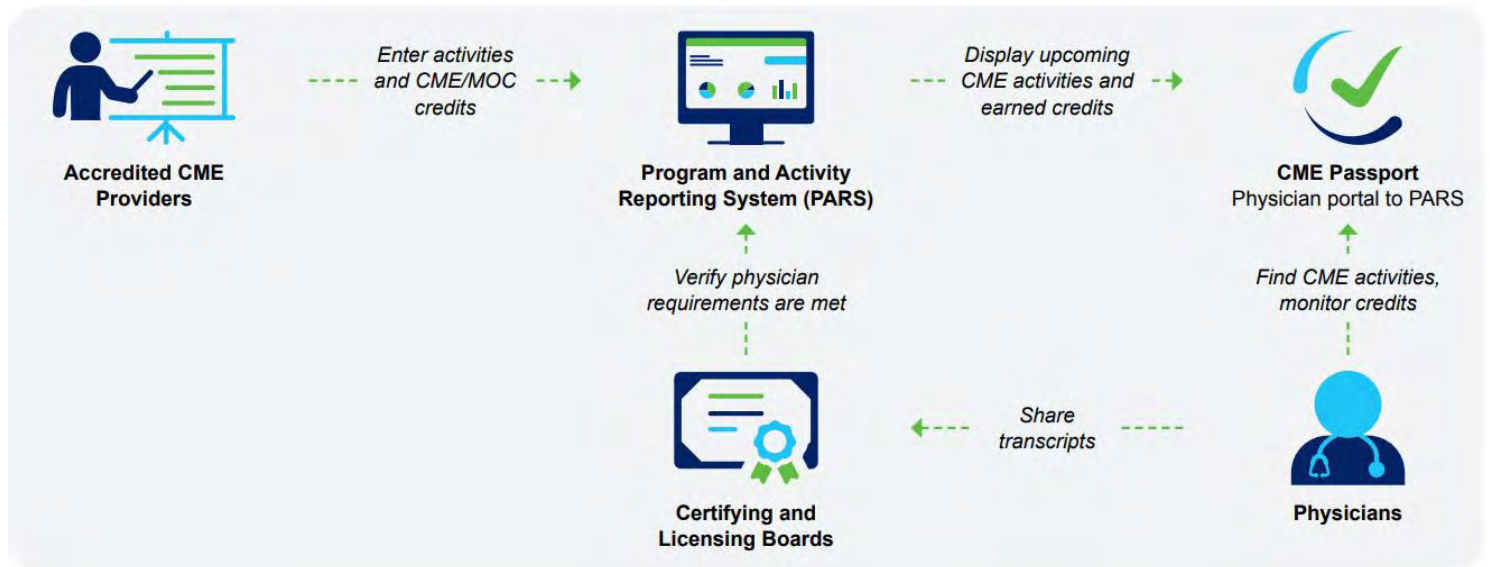
Register and view more information at www.accmemeeting.org.

Leverage Accredited CME and the Digitized World of Credit to Increase Your Team's Expertise and Efficiency

Organizations that provide accredited CE serve a vital role in our healthcare ecosystem by delivering high quality, critical education to physicians and healthcare teams. This was never more necessary than the recent COVID-19 public health crisis where up-to-date diagnostic and treatment information was needed to save lives. Education improves patient care and serves as a resource to healthcare professionals who need the professional development, community, and support that education with their peers provides.

If your organization is accredited, you have the opportunity to digitize the CME credit that is provided. As the national accrediting body, the ACCME has built and maintains an online database for use by all accredited organizations known as the [Program and Activity Reporting System \(PARS\)](#). PARS is a free, centralized database for the collection of CME activity and learner credit data, designed to add value and efficiency to your CME program. The data entered in PARS fuels an online search tool known as CME Passport (www.cmepassport.org) which allows physicians to find relevant education and view the CME credit that has been reported on their behalf. Licensing boards, specialty certifying boards and credentialing bodies can use the official transcript available in CME Passport to streamline the regulatory process for your physicians.

Welcome to the Digitized World of Continuing Medical Education



Leverage your accreditation, the quality education you provide, and this new digitized system by:

- Entering activities in PARS prospectively so that the activities can be listed on the CME Passport and your year-end reporting task is simplified.
- Registering appropriate activities for MOC/CC credit to benefit your physician learners who are board certified.
- Reporting CME and MOC/CC credit data in PARS for your physician learners.
- Pointing your physicians to CME Passport to create a profile and view the credit that has been reported on their behalf, and if applicable.
- Informing your credentialing staff about the official transcripts of CME credit available in CME Passport that can simplify your medical staff credentialing process.

Contact the ACCME (info@accme.org) for additional information or explanation about the value of accredited CME, PARS, and CME Passport – to you, your physicians and healthcare teams, and your patients.

New Member Committee Report

By Natalie Sanfratello, Boston University Chobanian & Avedisian School of Medicine

After settling in to a new structure for regular meetings we addressed our current order of business, and in January rolled out the new membership application. We streamlined the application so that it isn't too intimidating for new people coming in, and to make sure that the questions we ask collect data that we can use. We also incorporated some new questions just to get more of a feel for why people want to join SACME.

We cut out a number of older demographic questions and some questions that asked for the same or similar information as others on the application. For example, the question asking for identification of *profession* and *how are you involved in CPD* covered much the same territory, so we cut out the latter. We also removed the question asking if the applicant was replacing a current member as we just didn't use that information once collected. The primary area where we added is questions related to aligning applicant and SACME values. We included a couple of attestations asking applicants to adhere to SACME's code of conduct and emphasis on values such as professionalism, integrity, and inclusivity, and respect for the opinions and professional experiences of all members of our diverse community. There's no existing problem with that, but it just helps us push those values to front-and-center right from the start. We also added a free text field asking for additional information on the applicants' primary goal in joining the organization. The application provides some background as to what SACME is, and what our priorities are around scholarship and research, so the basic idea is to communicate our values and focus to new applicants' right up front to ensure that their objectives align with our goals and practices, and also perhaps help to shape our activities and focal points going forward. We hope that these, along with some other minor changes, will help us grow as a community in supporting and contributing to the field of continuing professional development.

The regional representatives have also met as a group to figure out how we can enhance member support activities. Some ideas thrown out were SACME-wide coffee chats, as an add-on to individual region-based chats, on a periodic basis. There is some potential interest in having guest speakers, and/or discussions around pre-defined topics that might be of interest to the wider membership, and we want to explore this idea to figure out what might

provide the most value to members. The regional coffee chats themselves, posts to the listserv, and ideas from committee members will serve as the basis for topic selection. And by the way, the [annual meeting](#) will include a couple of coffee chats in which you can get to know a little more about the format and have your say on topics of interest. And look out for your [regional representatives](#) if you're attending in person.

We continue to expand our membership drive. Regional reps have been at the forefront of this effort also, reaching out to lapsed members to collect information on what's changed for them and what might bring them back if they are still in the field of CPD. We also reached out to medical and pharmacy schools that currently don't have a SACME member to encourage sign up, and we did convince some people to join. Along with offering annual meeting fees plus membership fees as a package, these efforts have proved successful, bringing in a significant number of new applications in early 2023.

We continue to work on a defined set of tasks for our regional representatives, and this will include outreach to members to get them connected with our committees. Like many organizations, we're only as strong as the motivation of our membership to engage, and we need you to get involved in any area of interest to you so we can advance our contributions to the healthcare professionals we educate. We would particularly like to get student, trainee, and early career members involved so we can expand our collective perspective on our field, and get a better understanding of what individuals who are newer to the CPD environment actually need. I am pleased to announce that we have seven new members of the membership committee, all representatives from the early career population. Interested? Feel free to [contact me directly](#) or email info@sacme.org.

I think people wonder what sets us apart from other professional organizations in our sphere. And I believe what sets us apart is something that non-members and new members might perceive as a barrier on first look. Our focus on scholarship around quality of care and improving patient outcomes through education is really the difference, but I hear some individuals thinking (yes, I can hear you thinking), "Well, I don't engage in scholarship". Au contraire mon frère, even if you are not involved in

what you might consider traditional research and scholarship (publishing in academic journals), the fact is that if you're working on education structure and design, developing and evaluating objectives and outcomes, and documenting your work so that you can continue to improve upon it, you're engaged in research and scholar-

ship. Sure, publication is a nice tangible reward, but as John Henry Newman said, "any kind of knowledge, if it be really such, is its own reward". And if that isn't satisfying there's always opportunities to present at our annual meeting 😊.

Technology-Enhanced CPD Committee Report

By Vjekoslav Hlede, American Society of Anesthesiologists

It has been 8 months since the SACME Technology-Enhanced CPD (TECPD) Committee was formed (5/24/2022). The Committee was initiated with the mission to "support and guide SACME members in enhancing the entire spectrum of CPD activities through the innovative use and study of technology to enhance the impact of CPD, emphasizing learning theories, pedagogies, and evidence."

This is a very dynamic field. The (post)COVID era creates a wealth of opportunities and needs for technology-enhanced CPD. Therefore, it is worth reflecting on what we have achieved so far and what goals we plan to tackle soon.

As you read this report, I invite you to take a critical and constructive stance. Our mission is to serve the SACME community. Therefore, your feedback is essential. We would like to hear from you if you have any suggestions that may help us with our work. And yes, if you are interested in serving on the Committee, please do not hesitate to contact us (TECPD@SACME.org). We have plenty of tasks ahead of us, and your enthusiasm, expertise, and brainpower may be essential for the success of some of our projects.

So, what have we been doing during the last six months?

We have been building our capacity to tackle challenges and initiating a few exciting projects.

Agile methodology. We started using agile methodology to improve our ability to deliver. The agile approach involves:

1. Creating small agile teams focused on specific projects/tasks.
2. Collaborating continuously with all stakeholders and making iterative improvements at every stage of the project. For example, this post aims to enhance that bidirectional collaboration. We plan to start a blog that reports on our actions and provides

3. Focusing on working software/solutions over extensive documentation. The goal is to create a minimum viable product (MVP). The MVP will be shared with selected stakeholders so they can assess it and provide feedback on how to improve the product.

Projects worth mentioning are: (1) WordPress for CE News and Intercom, (2) Google Workspace for Nonprofits for SACME, (3) the Faculty and Staff Development Subcommittee, and (4) researching a learning management system to enhance the Annual Meeting and provide collaborative features throughout the year.

1) WordPress to improve our publishing capabilities

Wild Apricot, the web platform used for our SACME.org website, is an excellent, easy-to-use solution for SACME's membership management needs. Unfortunately, Wild Apricot does not have robust publishing features. Therefore, we have located the WordPress subsite in the subdomain resources.sacme.org.

WordPress is a powerful, easy-to-use, attractive web publishing solution. Forty percent of websites worldwide are built on WordPress. Many of the world's leading universities and medical schools use WordPress (harvard.edu, med.uth.edu, and med.virginia.edu, for example).

WordPress comes with good and cost-effective hosting solutions. We get secure hosting and updates for an [affordable price tag](#). The solution also comes with a single sign-on module we can use to connect it to our main website.

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Implementation of WordPress followed the agile model. The <https://resources.sacme.org/> subsite is the result. Single-sign-on between the subsite and the main SACME.org site is our next goal. That will allow us to designate specific pages or part of pages as members only. For example, summaries from Journal Clubs or abstracts from the Annual Meeting may be publicly visible, while recordings will be visible only to members.

2) Google Workspace

SACME has adopted Google Workspace for Nonprofits. It is a complete suite of Google tools, including collaboration tools like Gmail, Calendar, Meet, Chat, Drive, Docs, Sheets, Slides, Forms, Sites, and more. The initial reason for adoption was to have a centralized and shareable content repository (Google Drive or OneDrive). Since Google provides free Workspace suites for nonprofits (Microsoft does not), the Google Workspace solution was selected.

Now our task is to find the best ways to utilize the Google Workspace tools for the benefit of SACME and SACME members. Please check the [PROPOSED SACME Google Workspace Utilization Policy](#) and give us your comments.

3) Faculty and Staff Development Subcommittee

Faculty and staff development is recognized as a critical element of successful TECPD implementation. Therefore, we decided to form a subcommittee as a more permanent structure focused on that need. The subcommittee, co-chaired by Header MacNeil, MD, and Sofia Valanciaroesty, MD, PhD, is currently being formed. If you are interested in joining the team, please get in touch with us at TECPD@SACME.org.

4) Learning Management System

We have been discussing the need for an LMS and associated tasks and costs for a few years, and we currently have the Moodle LMS installed. For example, Moodle has been used to host discussions and gamification examples following the last 2022 Annual Meeting Webinar: Harnessing Educational Technology to Improve CPD. That was an example of a minimum viable product (MVP) that could be replicated this year.

This year, our goal is to create a few additional minimum

viable products (MVP) by following the agile methodology and to present them to the SACME leadership, the Annual Meeting Program Committee, and the broader SACME community. High-level goals are to:

- Create a library of content (curation, ratings, versioning, collaboration). We plan to start with the 2023 Annual Meeting content (abstracts and recordings)
- Provide a forum for discussion or serendipitous meetings
- Share workshop materials and host a virtual workshop “workspace” (discussion fora, hand-outs, project submissions, polling/surveys, etc.). We aim to build a go-to platform to fill the social and educational void that arises from March to March each year
- Deliver the Education Toolkit curriculum

If you are interested in designing examples of that model, please join us.

I want to thank all members of the TECPD committee for their contributions, and invite all other SACME members to join us.

As Abraham Lincoln noted, “The best way to predict your future is to create it.” Join us as we collaborate to improve our ability to create a brighter future.



Handling Grant Funding: A Brief Member Survey

By Bonnie Bixler, Penn State College of Medicine

Handling education grant contracts, particularly those that involve commercial support, can be a headache. Some of us constantly worry at some distance if the ACCME standards on integrity and independence are fully understood and observed by partners. But even before we get there, there's the jumbled mess of how and to whom contracts have to be routed for review and signature, and whether or not we can get them inked before an event.

As with Academic Medical Centers, if you've seen one university's office of sponsored programs, you've seen one university's office of sponsored programs – there appears to be significant variation in approach, requirements, and a broad range in the degree of involvement from central offices.

We recently conducted a survey to determine how different Continuing Education offices handled grant proposals that are submitted to commercial supporters of continuing education. Primary questions included how contracts are routed, which types of contracts go where, and how much of awards is absorbed by central administration in the process. Twenty three people responded to the survey, and below is a brief review of what we found.

Findings

Do your education contracts/grants get routed through your Office of Research Affairs (ORA)/equivalent office?

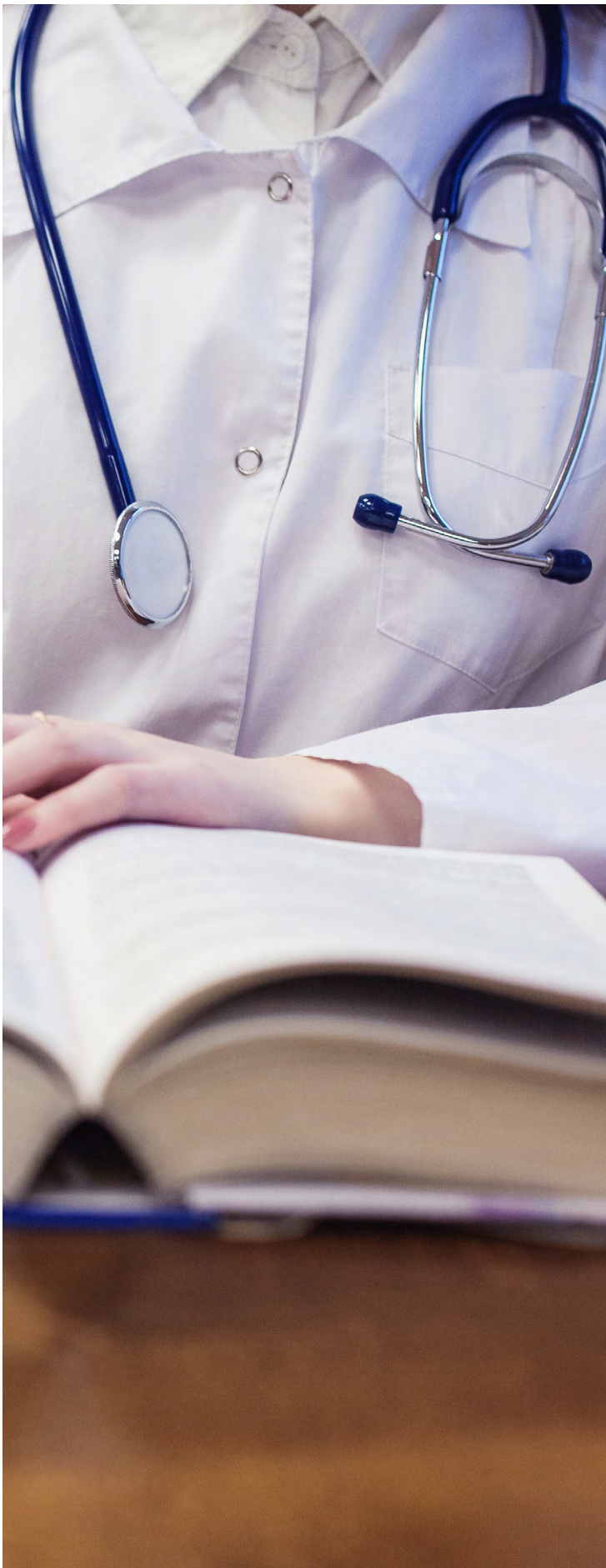
19 of 23 respondents, 82.6%, answered “No” to this question. Right off the bat, it seems that there may in fact be a significant degree of autonomy in how CPD/CME units handle education contracts. This comports

with an informal review conducted at the University of Alabama at Birmingham that found two of 16 institutions contacted that indicated education grant funding from commercial sponsors does not go through a centralized support office.

There was variation in handling contracts even among the four respondents who answered “Yes”. In one institution, the contract size dictated the routing process; another indicated that such grants can be initiated in the grants office on behalf of clinical service lines; and in another the terms of the agreement dictated routing – a situation similar to one of the institutions polled in the UAB review.

Grant offices have to keep the lights on, so if a contract goes through them, it is usually subject to a fixed & Administrative cost assessment. Our question was general, i.e. it didn't delve into the potential for different rates being assigned to different contract types, so we're unsure of the precise nature of the assessment per contract type. Percentages ranged from 5% to 48%, the latter being applied to QIE projects that involved accessing health data. The mean response was 22%.

This off-the-cuff survey sought some generalized feedback on handling education grants and is really just a conversation starter; there's a lot more that can be explored. What's your experience? You can raise this question at [a coffee chat](#), and I would be happy to share our question set if you want to conduct a poll of your own “coffee community”.



INTERCOM

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