

SACME 2015 SPRING MEETING

Leading for Success in Turbulent Times

April 29 – May 2, 2015
Tampa, Florida

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CME-Certified Conference

Jointly Provided by



Hosted by

**The Center for Advanced Medical
Learning and Simulation (CAMLS)**





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April 29 – May 2, 2015

Tampa, Florida

SACME Board & Officers

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University of Minnesota Medical School

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Western Region: Brad Halvorsen, MA
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Awards: Deborah Samuel, MBA
American Academy of Pediatrics

Communications: Alex Djuricich, MD
Indiana University School of Medicine

Finance: Greg Vannette, CPA
University of South Florida College of Medicine
CPE Office

Membership: Carol Goddard
Association of American Medical Colleges

Nominating: Deborah Samuel, MBA
American Academy of Pediatrics

Program: Mila Kostic, FACEHP
Perelman School of Medicine, University of Pennsylvania

Research: Tanya Horsley, PhD
The Royal College of Physicians & Surgeons of Canada

Strategic Affairs: Leanne Andreasen, MBA
Mayo Clinic (retired)

Staff

Executive Secretariat: Jim Ranieri, MPH, MBA
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CAMLS, Tampa, Florida

Program Overview

The SACME annual Spring Meeting is the primary programming effort of the Society. This year's conference is CME – certified and hosted by the Center for Advanced Medical Learning and Simulation (CAMLS) at the University of South Florida.

The program will focus on several larger themes, change management and leadership in CME/CPD, advances in the use of simulation in continuing education, the modern approach to the science of teaching and learning and interprofessional team efforts in teaching and faculty development in quality and safety. A number of expert-lead discussions will be interspersed with research, best practices and poster presentations from accepted abstracts. Dr. Peter J. Fabri will review the role of health care engineering in improving healthcare and how to teach it. SACME members and other conference participants will have an opportunity to meet Graham McMahon, MD, MMSc the new ACCME President and CEO.

Several high-quality workshops will be offered, such as Engaging Research in Your Day-to-Day Work, Using Learning Management System to Support CME/CPD Program, Facilitating Effective Performance Feedback for Physicians, Development of Assessments and OSCEs Utilizing Standardized Patients as Evaluators, and Faculty Development in Interprofessional Education.

Emphasizing the scholarly focus of the Society throughout the program, we will also devote time to the exchange of ideas with colleagues from award-winning and SACME funded research projects.

Everyone is invited to engage in optional activities such as tours of the CAMLS and working sessions of the open committees. Ample opportunities are built into the conference agenda to encourage networking, exchange of ideas from potential research to practical solutions, and to just catching up with colleagues and friends.

Target Audience

Educational needs and interests of professionals in the field of continuing education for the health professions field were considered in developing this program. Physicians and other clinicians, educators, researchers, accreditors, administrators, quality and safety specialists, patient advocates, technology experts, instructional designers and others who are members of the Society for Academic Continuing Medical Education (SACME) and those who have similar or aligning professional interests will find this a worthwhile learning and networking opportunity.

Objectives

As a result of participating in this learning activity, participants are expected to be able to:

- Learn from experts and each other about different models and strategies for stimulating improvements in re-positioning CME/CPD in a variety of academic settings.
 - Review evidence from research and examples of successful efforts to integrate simulation in CME/CPD program.
 - Discuss with colleagues strategies for advancing their own practice by synthesizing learnings from presented faculty development efforts in quality and safety.
 - Review use of theory in recent studies of continuing medical education.
 - Relate what we know from the field of health care engineering to guiding and teaching improvements in health care.
 - Formulate individual action plan based on the review and exchange of successful strategies and best practices.
 - Implement tools and resources provided in the workshops to plan and incorporate changes in practice.
 - Contribute to the work of the academic CME/CPD community by joining in the work of the committees and the educational program.
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Accreditation and Credit Designation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through a joint providership of USF Health and the Society for Academic Continuing Medical Education. USF Health is accredited by the ACCME to provide continuing medical education for physicians.

USF Health designates this live activity for a maximum of **16.5 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Obtaining CME and Participation Certificates

Please complete the Attestation Form (obtained at the registration desk) if you wish to receive credit or certificate of participation. Allow 1 week from the end of the program for your certificate to be emailed to you.

Disclosure of Relevant Financial Relationships With Commercial Interests

USF Health endorses the standards of the ACCME that requires everyone in a position to control the content of a CME activity to disclose all financial relationships with commercial interests that are related to the content of the CME activity. CME activities must be balanced, independent of commercial bias and promote improvements or quality in healthcare. All recommendations involving clinical medicine must be based on evidence accepted within the medical profession.

A conflict of interest is created when individuals in a position to control the content of CME have a relevant financial relationship with a commercial interest which therefore may bias his/her opinion and teaching. This may include receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, stocks or other financial benefits.

USF Health will identify, review and resolve all conflicts of interest that speakers, authors or planners disclose prior to an educational activity being delivered to learners. Disclosure of a relationship is not intended to suggest or condone bias in any presentation but is made to provide participants with information that might be of potential importance to their evaluation of a presentation.

The following members of the planning committee, moderators, facilitators and faculty presenters have disclosed that they have no relevant relationships with commercial interests related to this educational activity:

Heather Armson, MD, MCE, CCFP, FCFP	Rachel Grant, MN, BScN, RN	Ajit Sachdeva, MD, FACS, FRCSC
Barbara Barnes, MD, MS	Vjekoslav Hlede, DVM	Joan Sargeant, PhD
Karyn Baum, MD, MSED	Tanya Horsley, PhD	Dawn M Schocken, MPH, PhDc, CHSE-A
Morris Blachman, PhD, FACEHP	Beverly Hughes, BSN	Ellen Seaback, BS, CMP, CAE, CHCP
Phil Byrne, EdD	Ginny Jacobs, MEd, MLS, CCMEP	Marianna Shershneva, MD, PhD
Nikki Campbell, RN, MSM	Constance LeBlanc, MD, CCFP(EM), FCFP, MAEd	Brian Sick, MD
Linda Caples, MBA	Simon Kitto, PhD	Dena Silva, MS
Jeanne Cole, EdD, FACEHP	Mila Kostic, FACEHP	Sanjeev Sockalingam, MD, FRCPC
Nana Kojo Danquah-Duah, MPH	John Kues, PhD	Lorraine Spencer, MLA
Dave Davis, MD	Sarah Meadows, MS, CHCP	Deborah Sutherland, PhD
Nancy Davis, PhD	Robert W. Morrow, MD	Pauline Sylvester, MBA
Meg Dingae, MHSA, CHCP	Curtis Olson, PhD	David Topps, MBChB
Alexander M. Djuricich, MD	Peggy Paulson, MS	Mary G. Turco, EdD
Annette Donawa, PhD	Susan Pingleton, MD, FACP, Master FCCP	Thomas J. Van Hoof, MD, EdD, CMQ, CCMEP
Peter J. Fabri, MD, PhD, FACS	David Price, MD, FAAFP	Betsy Williams, PhD, MPH
Moshe Feldman, PhD	William Rayburn, MD, MBA	Charles Willis, MBA
Debra Gist, MPH, FACEHP	Stefanie Roder, PhD	

The following planning committee members and/or faculty presenters have disclosed the following relevant relationships with commercial interests:

Bruce Nitsche, MD holds an active research grant from Gilead.

There will be no off label discussions in this educational activity.

ACKNOWLEDGMENTS

We gratefully acknowledge the Center for Advanced Medical Learning and Simulation (CAMLS) for hosting the SACME Spring Meeting 2015.

We gratefully acknowledge the support of the following organization:

Silver Level Support

Healthmonix provides technology solutions focused on the continuing professional development of clinicians. Our technology solutions provide innovative approaches to clinical data registries, healthcare learning systems, and patient engagement. While each is important in its own right, the combination of the three provides an even more powerful platform for the improvement of patient healthcare outcomes.

Exhibitors

Thank you to the following exhibitors for their participation

BeaconLive. At BeaconLive we believe in success through education. Our full service solution combines a dedicated team of healthcare professionals with state of the art technology for CME.

CECity.com, Inc. is the leading provider of cloud-based quality reporting, performance improvement and lifelong learning platforms. As the healthcare industry's leading software as a service (SaaS) provider, CECity offers turnkey solutions for continuing medical education (CME), Maintenance of Certification (MOC), performance improvement (PI and PI-CME), registries, pay for reporting (including the Physician Quality Reporting System (PQRS)) and Lifelong Learning Portfolios.

Ebix, Inc is a leading international supplier of software and e-commerce solutions to the insurance industry. Ebix provides a series of application software products for the insurance industry ranging from carrier systems, agency systems and exchanges to custom software development for all entities involved in the insurance and financial industries. Ebix powers businesses in more than 50 countries across six continents.

List Information Service Technology, Inc. offers fully updated, highly reliable AMA physician, ADA dental, and healthcare lists at competitive prices. LIST can connect you with your target audience efficiently and cost effective with our premium quality postal and email addresses...due to our decades of experience, our continuing research, and our longstanding relationships with the medical, dental and healthcare industries' most respected professional organizations. When you choose LIST, you get a complete support team - people who understand your business goals. Your success is our success!

MMS, Inc. is your direct marketing partner in a modern healthcare world. We provide email and direct mail marketing solutions that effectively deliver your message to Healthcare Professionals. We work to help companies earn the ROI that email and direct mail marketing continually achieve. Optimize the visibility of your courses, workshops, conferences and symposiums by reaching key target audiences that include physicians, physician assistants and nurse practitioners by specialty and location.

The Sheraton Sandkey Resort overlooks the azure-aqua-blue Gulf of Mexico, our Mediterranean style resort is home to one of Florida's widest and most beautiful beaches. Totally renovated, the resorts 390 guest bedrooms offer some of the best views on the West Coast of Florida. Our 24000 square feet of meeting space and public areas have been refurbished with the newest in décor, sound and lighting.



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SCHEDULE OF EVENTS

Wednesday, April 29

7:00 am-6:00 pm	Registration open — Pre-Function
6:30 am-8:00 am	Breakfast — Pre-Function/Exec Board Room
8:00 am-3:00 pm	<i>SACME Board Meeting</i> (closed) — Executive Board Room (Working Lunch)
3:15 pm-4:15 pm	<i>Finance Committee Meeting</i> (closed) — Executive Board Room
4:30 pm-5:30 pm	<i>Research Committee Meeting</i> (open) — Executive Board Room
6:00 pm-8:00 pm	<i>Tri-Group Meeting</i> and Dinner (closed) — Executive Board Room

Thursday, April 30

- 6:30 am – 8:00 am **Breakfast — Dining Room**
- 7:00 am – 5:00 pm Registration open — **Pre-Function**
- 7:00 am – 8:15 am Set-up Exhibits and Posters — **Pre-Function**
- 7:30 am – 8:30 am *Communications Committee Meeting (open)* — **Executive Board Room**
- 8:15 am – 5:00 pm Exhibits and Posters — **Pre-Function/Dining Room**
- 8:30 am – 8:45 am **Opening and Welcoming Remarks by SACME Program Chair — Auditorium**
Mila Kostic, FACEHP
Director of CME, Perelman School of Medicine, University of Pennsylvania
- 8:45 am – 11:00 am **Strategic Repositioning of CME/CPD to Meet the Challenge of the New Medical Education and Healthcare Environment — Auditorium**
- An interactive and reflective session
Moderator: **Ginny Jacobs, MEd, MLS, CCMEP - SACME President**
Director, Continuing Professional Development, University of Minnesota
- BARBARA BARNES Plenary — Auditorium**
Leading and Managing Change in CME/CPD
Deborah Sutherland, PhD
Associate Vice President, USF Health
Continuing Professional Development
- Questions from the Audience*
- Best Practices from accepted abstracts and INVITED Presentations**
- The Health Professional Education Service Line: An Innovative Organizational Structure to Advance the Academic Medical Center's Clinical Learning Environment**
Barbara Barnes, MD, MS
Associate Vice Chancellor for Continuing Education and Industry Relationships,
University of Pittsburgh
Vice President, Sponsored Programs, Research Support, and CME, UPMC

Leveraging Change as a Competitive Advantage to Improve Care: Key Principles and Best Practices in Change Management

Morris J. Blachman, PhD, FACEHP

Associate Dean, Continuous Professional Development and Strategic Affairs,
University of South Carolina School of Medicine and Palmetto Health

Nana Kojo Danquah-Duah, MPH

Program Coordinator, Office of Continuous Professional Development and
Strategic Affairs, University of South Carolina School Of Medicine and Palmetto
Health

Shifting Toward Socially Accountable Continuing Professional Development

Marianna B. Shershneva, MD, PhD

Director, Educational Development and Research, Forefront Collaborative,
Carmel, Indiana
CPD Evaluation and Assessment Specialist, University of Wisconsin Office of
Continuing Professional Development in Medicine and Public Health

Moderated Group Discussion

An Update from the AAMC-SACME Joint Working Group

David W. Price, MD, FAAFP, FACEHP

Director, American Board of Medical Specialties Multi-specialty Maintenance of
Certification Portfolio Program
Chair, Association of American Medical Colleges Continuing Education and
Improvement (CEI) Section
(Incoming) Senior Vice-President, ABMS Research and Education Foundation
Director of Medical Education, Colorado Permanente Medical Group
Physician Investigator, Kaiser Permanente Colorado Institute for Health Research
Co-Director, Center for Health Education, Dissemination and Implementation
Research
Professor of Family Medicine, University of Colorado Denver School of Medicine

11:00 am – 11:15 am **Break — Pre-Function**

11:15 am–12:15 pm ***RICME*—Research presentations from accepted abstracts — Auditorium**

Moderator: Tanya Horsley PhD – Chair of SACME Research Committee

Associate Director, Research Unit, Royal College of Physicians & Surgeons of
Canada

Informing Continuing Education, Improving Patient Care: Results of the Dartmouth-Hitchcock Regional Needs Assessment

Mary G. Turco, EdD

Learning and Professional Development Consultant, Center for Learning and
Professional Development, Dartmouth-Hitchcock
Assistant Professor of Medicine, The Geisel School of Medicine at Dartmouth

A Flipped Classroom Approach to Improving the Quality of Delirium Care Using an Interprofessional Train-the-Trainer Program

Sanjeev Sockalingam, MD, FRCPC

Associate Professor at the University of Toronto in the Faculty of Medicine
Deputy Psychiatrist-in-Chief at the University Health Network in Toronto
Director of Continuing Professional & Practice Development and Director of Curriculum Renewal for the Medical Psychiatry Alliance

Evaluating a Complex Educational Intervention in a Complex Setting: A Developmental Approach to Assessing the Impact of a Morbidity, Mortality, and Improvement Conference on Patient Care

Curtis A. Olson, PhD

Assistant Professor, Geisel School of Medicine at Dartmouth

12:15 pm – 1:15 pm **Lunch — Dining Room**

12:15 pm – 1:15 pm **Joint Working Group Lunch Meeting (closed) — Executive Board Room**

1:15 pm – 3:15 pm **IN FOCUS - Invited Plenary Presentation — Auditorium**

Advances in the Use of Simulation in CME/CPD

Ajit K. Sachdeva, MD, FACS, FRCSC

Director, Division of Education, American College of Surgeons

CAMLS Demonstration in Practice

Addressing Obstetrical Emergencies with a Team Based Approach

Nikki Campbell, RN, MSM

Assistant Director of the Virtual Patient Care Center (VPCC), Center for Advanced Clinical Learning, USF Health Morsani College of Medicine

Best Practices from accepted abstracts and INVITED Presentations

DynIA – A Unique CME Program for Assessing Knowledge Translation in Chronic Pain

David Topps, MBChB

Professor, Family Medicine, Director Rural CPD, University of Calgary

Heather Armson, MD, MCE, CCFP, FCFP

Assistant Dean, Continuing Medical Education and Professional Development,
Associate Professor, Department of Family Medicine, University of Calgary
Research Director, The Foundation for Medical Practice Education, McMaster University

Moderated Group Discussion

3:15 pm – 3:30 pm **Break — Dining Room**

3:30 pm – 5:30 pm Breakout: **WORKSHOP 1 — 2C**

Engaging Research in Your Day-to-Day Work: How to Live with It and Like It

John Kues, PhD

Associate Dean for Continuous Professional Development, University of Cincinnati

3:30 pm – 5:30 pm Breakout: **WORKSHOP 2 — 2B**

Using Technology to Support CME/CPD: Learning Management Systems

Moderator: Annette Donawa, PhD

Assistant Dean and Director, Johns Hopkins University School of Medicine, Office of Continuing Medical Education

Lorraine Spencer MLA

IT Manager, Office of Continuing Medical Education

Interim Director, Office of Information Technology, School of Medicine, Johns Hopkins University

Linda Caples MBA

Director, Office of Continuing Professional Education, Medical College of Wisconsin

Dena Silva, MS

Program Manager, University of North Texas Health Science Center at Fort Worth

3:30 pm – 5:00 pm Breakout: **INTEREST GROUP — 2D**

CME to CPD: Centralization in an Academic Medical Center

Moderators:

Beverly Hughes, BSN

Chief Operating Officer, USF Health, CAMLS

Executive Director, USF Health, Continuing Professional Development

Deborah Sutherland, PhD

Associate Vice President, USF Health

Associate Dean, Morsani College of Medicine, Continuing Professional Development

5:30 pm – 6:00 pm

FACILITATED REVIEW OF POSTERS — Pre-Function

An SRL Focused Development Pilot

Phil Byrne, EdD

Instructor, UMKC School of Medicine, UMKC School of Education
Director, Office of Faculty Development, Children's Mercy Kansas City

Betsy Williams, PhD, MPH

Clinical Program Director
Professional Renewal Center

Teaching Leadership, Do the Core Competencies Count?

Phil Byrne, EdD

Instructor, UMKC School of Medicine, UMKC School of Education
Director, Office of Faculty Development, Children's Mercy Kansas City

Betsy Williams, PhD, MPH

Clinical Program Director
Professional Renewal Center

Interprofessional Learning: An Anesthesiologists' Perspective

Vjekoslav Hlede, DVM

American Society of Anesthesiologists, Senior Learning Management System
Specialist
PhD candidate at Lancaster University

Academic Medical Center Collaboration for Improved Medication Reconciliation Processes

Sarah Meadows, MS, CHCP

Manager, Accreditation and Programs, Office of Professional Education, National
Jewish Health

CME & MOC, With MOC in Full Swing is CME Still Relevant?

Peggy Paulson, MS

Operations Manager, Mayo School of Continuous Professional Development,
Mayo Clinic

A University Mini-Sabbatical Program in Conjunction With a State Medical Board for Physician Reentry Into Practice

William Rayburn, MD, MBA

Distinguished Professor, Associate Dean of Continuing Medical Education and
Professional Development, Emeritus Chair OB/GYN, University of New Mexico

Identifying Core Competencies During Grand Rounds Lectures in an Academic OB/GYN Department

William Rayburn, MD, MBA

Distinguished Professor, Associate Dean of Continuing Medical Education and
Professional Development, Emeritus Chair OB/GYN, University of New Mexico

CME/CPD and Patient Safety/QI - The Bumpy Road that Leads to Value!

Ellen Seaback, BS, CMP, CAE, CHCP

Executive Director, Office of Continuing Medical Education, University of California, Irvine School of Medicine

***Integrating Continuing Professional Development and Quality Improvement:
A Model From Mental Health Care***

Sanjeev Sockalingam, MD, FRCPC

Associate Professor at the University of Toronto in the Faculty of Medicine,
Deputy Psychiatrist-in-Chief at the University HealthNetwork in Toronto

***A Systematic Review of Web-based Continuing Professional Development for
Interprofessional Healthcare Providers***

Sanjeev Sockalingam, MD, FRCPC

Associate Professor at the University of Toronto in the Faculty of Medicine,
Deputy Psychiatrist-in-Chief at the University HealthNetwork in Toronto

***Managing Change and Streamlining Processes using an Integrated Learning
System***

Pauline Sylvester MBA

Assistant Director, Continuing Medical Education, Sidney Kimmel Medical College,
Thomas Jefferson University

Jeanne Cole, EdD, FACEHP

Assistant Dean for CME, Sidney Kimmel Medical College at Thomas Jefferson
University

Virtual COPD Patient Management Simulator

Charles E. Willis, MBA

Director, Continuing Education, Annenberg Center for Health Sciences at
Eisenhower

6:00 pm – 6:30 pm **SACME 101 for New and Prospective Members — Dining Room**

(All members welcome)

6:30 pm – 7:30 pm **Reception** (all participants invited) — **Dining Room**

NOTES

My Action Plan – based on what I heard/learned/discussed/thought of today....

Action Domain	Specific Planned Change(s)	Strategies	Resources Needed	Timeline
	1.			
	2.			
	3.			
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Friday, May 1

- 6:30 am – 8:00 am **Breakfast — Dining Room**
- 7:00 am – 5:00 pm Registration open — **Pre-Function**
- 7:15 am – 8:15 am *Membership Committee Meeting* (open) — **Executive Board Room**
- 8:20 am – 9:00 am ***The Editor's Lens: Invited Presentation — Auditorium***
Modern Approaches to the Science of Teaching and Learning: Use of Theory in Recent Studies of Continuing Medical Education
Curtis A. Olson, PhD
Editor-in-Chief, The Journal of Continuing Education in the Health Professions (JCEHP)
Assistant Professor, Geisel School of Medicine at Dartmouth
- 9:00 am – 10:15 am **IN FOCUS- Invited Plenary Presentation — Auditorium**
Can Health Care Engineering Fix Health Care and How do we Teach It
Peter J. Fabri, MD, PhD, FACS
Professor of Surgery, Professor of Industrial Engineering, Emeritus, University of South Florida

Questions from the Audience

Best Practices from accepted abstracts

A User Centered Design Approach Applied to the Virtual Quality Improvement Center (VQIC)
Moshe Feldman, PhD
Assistant Professor, Office of Assessment and Evaluation Studies
Assistant Director of Research and Evaluation, Center for Human Simulation and Patient Safety, VCU School of Medicine

Moderated Group Discussion
- 10:15 am – 10:45 am **Break — Dining Room**
- 10:45 am – 12:30 pm **Business Meeting and Committee Reports — Auditorium**

Ginny Jacobs, MEd, MLS, CCMEP, Current SACME President
Director, Continuing Medical Education, University of Minnesota

Mary G. Turco, EdD, Incoming SACME President
Learning and Professional Development Consultant, Center for Learning and Professional Development, Dartmouth-Hitchcock
Assistant Professor of Medicine, The Geisel School of Medicine at Dartmouth

12:30 pm – 2:00 pm **SACME Journal Club Editorial Board working lunch** (closed)
—Executive Board Room

Afternoon Free

Suggested Activities:

- **SACME Kayak-athon (1:30-5:30 pm)** A very easy trip, with shallow water and protected from wind and waves. Extra fee.

1:00 pm – 1:45 pm **CAMLS Tours and Demonstrations**

3:00 pm – 3:45 pm **CAMLS Tours and Demonstrations**

My Action Plan – based on what I heard/learned/discussed/thought of today....

Action Domain	Specific Planned Change(s)	Strategies	Resources Needed	Timeline
	1.			
	2.			
	3.			
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Saturday, May 2

- 7:30 am – 5:00 pm Registration open — **Pre-Function**
- 6:30 am – 8:00 am **Breakfast — Dining Room**
- 7:15 am – 8:15 am *Program Committee Meeting* (open) — **Executive Board Meeting**
- 8:30 am – 9:00 am **IN FOCUS - Meet Graham McMahon, MD, MMSc, new ACCME President and CEO—Auditorium**
- 9:00 am – 11:00 am **IN FOCUS -Invited Panel Presentations—Auditorium**
Teaming for Quality and Safety
Dave Davis, MD
Sr. Director, Continuing Education and Improvement, Association of American Medical Colleges (AAMC)
- Karyn Baum, MD, MEd**
Professor of Medicine, Associate Chair for Clinical Improvement, University of Minnesota
- Canadian Perspective***
Constance LeBlanc, MD, CCFP(EM), FCFP, MAEd
Professor of Emergency Medicine and Associate Dean of CME, Dalhousie University, Halifax, NS, Canada
- Faculty Development for Teaching Quality Improvement & Patient Safety – From GME to CME***
Nancy Davis, PhD
Director, Professional Development and Practice-Based Learning, University of Kansas School of Medicine-Wichita
- Alexander M. Djuricich, MD**
Associate Dean for CME, Program Director, Medicine-Pediatrics Residency, Associate Professor of Clinical Pediatrics and Clinical Medicine, Indiana University School of Medicine
- Best Practices from accepted abstracts***
- The Kansas Partnership for Pain: Statewide Initiative to Address Management of Chronic Pain***
Sue Pingleton, MD, FACP, Master FCCP
Associate Dean, Continuing Education/Professional Development and Professor of Medicine, University of Kansas School of Medicine
- Scaling Quality-The Hepatitis C Screening Project***
Bruce Nitsche, MD

Medical Director of Continuing Medical Education and Director of ABMS Portfolio Program at Virginia Mason, The Lewis and John Dare Center

Sara Miller, MS

Director, QI Institute, CE Content and Strategy, Med-IQ

Project ECHO® with Contemporary Recommendations for Continuing Professional Development

William Rayburn, MD, MBA

Distinguished Professor, Associate Dean of Continuing Medical Education and Professional Development, Emeritus Chair OB/GYN, University of New Mexico

Impact of a Performance Improvement CME Activity on the Care and Treatment of Patients With Psoriasis

Debra Gist, MPH, FACEHP

Independent Contractor

Moderated Group Discussion

11:00 am – 11:15 am **Break—Dining Room**

11:15 am – 1:15 pm Breakout: **WORKSHOP 4—2B**

Facilitating Effective Performance Feedback for Physicians: Using the R2C2 model (rapport, reaction, content, coaching)

Joan Sargeant, PhD

Professor and Head, Division of Medical Education, Education Researcher, Continuing Professional Development, Dalhousie University, Halifax, NS, Canada

Heather Armson, MD, MCE, CCFP, FCFP

Associate Professor, Department of Family Medicine, University of Calgary, Calgary, AB, Canada

11:15 am – 1:15 pm Breakout: **WORKSHOP 5—2D**

Development of Assessments and OSCEs Utilizing Standardized Patients as Evaluators

Nikki Campbell, MSM, RN

Assistant Director, Visual Patient Care Center (VPCC), Center for Advanced Clinical Learning, USF Health Morsani College of Medicine

Dawn M Schocken, MPH, PhDc, CHSE-A

Director, Center for Advanced Clinical Learning, USF Health Morsani College of Medicine

11:15 am – 1:15 pm Breakout: **WORKSHOP 6 —2C**

Faculty Development in Interprofessional Education - Discussion of Key Strategies and Challenges

Brian Sick, MD

Assistant Professor, Internal Medicine and Pediatrics
Interprofessional Academic Deputy, University of Minnesota AHC
Medical Director, Phillips Neighborhood Clinic

1:15 pm – 2:15 pm **Lunch—Dining Room**

Strategic Affairs Committee working lunch (closed) —Executive Board Room

2:15 pm – 4:00 pm **RICME - Research presentations from accepted abstracts —Auditorium**

Moderator: **Tanya Horsley PhD** – Chair of SACME Research Committee
Associate Director, Research Unit, Royal College of Physicians & Surgeons of Canada

Importance of Identifying Barriers and Enablers to Practice Implementation

Stephanie Roder PhD

Coordinator, Research Program at the Foundation for Medical Practice Education,
McMaster University

Using Interprofessional Simulation-Based Interventions to Improve Communication Skills of Providers Can Enhance Quality of Care and Outcomes in Patients with Type 2 Diabetes

Mila Kostic, FACEHP

Director of CME, Perelman School of Medicine, University of Pennsylvania

Collaborative and Systems-Based Approach to Improve the Quality of Care of Patients With Rheumatoid Arthritis at Increased Risk for Cardiovascular Disease

Sarah Meadows MS, CHCP

Manager, Accreditation and Programs, Office of Professional Education, National Jewish Health

Meg Dingae MHSA, CHCP

Manager of Educational Grants and Collaborations, Office of Professional Education, National Jewish Health

Impact of Knowledge Translation Tools on Practice Implementation

Heather Armson, MD, MCE, CCFP, FCFP

Assistant Dean, Continuing Medical Education and Professional Development,
Associate Professor, Department of Family Medicine, University of Calgary
Research Director, The Foundation for Medical Practice Education, McMaster University

- 4:00 pm – 5:00pm **IN FOCUS - Invited Presentation of SACME-Funded Research Project—
Auditorium**
- Highlights and Lessons Learned from the SACME Typology & Terminology Project***
Thomas J. Van Hoof, MD, EdD, CMQ, CCMEP
 Associate Professor, University of Connecticut Schools of Nursing & Medicine
- Simon Kitto, PhD**
 Associate Professor, Department of Innovation in Medical Education, Director of Research, OCPD, Faculty of Medicine, University of Ottawa
- Rachel Grant, MN, BScN, RN**
 Project Manager, Department of Surgery, Faculty of Medicine, University of Toronto
 Research Associate, Continuing Professional Development, Faculty of Medicine, University of Toronto
- The Prevention of Diabetes: A Collaborative Approach to Peer Education Across Health Sectors: A Bronx New York Pilot Project***
Robert Morrow, MD
 Associate Clinical Professor, Department of Family and Social Medicine
 Associate Director of Interventional Continuing Medical Education, Center for Continuing Medical Education, Albert Einstein College of Medicine
- Announcement of the MANNINGAWARD Research Project and Project Overview Presentation—Auditorium***
- 5:00 pm – 5:15 pm ***Closing Remarks —Auditorium***
Mila Kostic, FACEHP
 SACME Program Chair
 Director of CME, Perelman School of Medicine, University of Pennsylvania
- 5:30 pm -7:30 pm ***SACME Board Meeting and Dinner (closed)—Executive Board Room***

My Action Plan – based on what I heard/learned/discussed/thought of today....

Action Domain	Specific Planned Change(s)	Strategies	Resources Needed	Timeline
	1.			
	2.			
	3.			
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PRESENTER BIOGRAPHIES

Heather Armson, MD, MCE, CCFP, FCFP is Assistant Dean CME & PD for Family Medicine at the University of Calgary and research director for The Foundation for Medical Practice Education based at McMaster University. Her research interests include practice implementation of new knowledge, small group learning, the role of community in practice change, enhancing self-assessment and innovative educational formats including virtual patients, optimal use of online learning environments and flipped classrooms.

Barbara Barnes, MD, MS received a B.S. in psychology from the University of Maryland, MD from the Pennsylvania State University, and M.S. in health administration from Gannon University. As Associate Vice Chancellor and Associate Dean at the University of Pittsburgh and Vice President at UPMC, she is responsible for continuing professional development, industry relationships, industry-developed clinical trials, grants to the health system, and oversight of human biologic materials. She is also leading a newly-developed health professional education service line for UPMC. Dr. Barnes has held numerous national and state leadership positions, including president of SACME, member of the board of directors of the Alliance for CME (now the ACEHP), chair of the ACCME board of directors, vice chair of the Pennsylvania CME Council, and chair of the AAMC's Continuing Education and Improvement Section of the GEA and Forum on Conflict of Interest.

Karyn Baum, MD, MSED is Professor of Medicine and Associate Chair for Clinical Improvement at the University of Minnesota. Dr. Baum specializes in quality improvement with a special interest in teamwork as a means to improve quality and safety in healthcare. Since 2006 she has served as the Director of the Minnesota TeamSTEPPS training resource center, and has overseen the certification of over 1500 Master Trainers nation-wide in this evidence-based team training curriculum. She is one of the founding board members for the Minnesota Alliance for Patient Safety, and has published and presented on quality, safety, and value-based medicine throughout the world. Dr. Baum also worked with the Institute for Healthcare Improvement on their Open School initiative. She obtained her medical degree from the University of Michigan and her masters in education from the University of Southern California.

Morris J. Blachman, PhD, FACEHP is Associate Dean, Continuous Professional Development and Strategic Affairs, University of South Carolina School of Medicine and Palmetto Health. Since 1996, Dr. Blachman has been actively engaged in the field of continuing education for health professionals, having held leadership positions in the AAMC, SACME and ACEHP. He is currently Vice Chair, Strategic Affairs Committee, SACME; on the Steering and Program Committees of the 2016 CME World Congress; immediate past Chair of the CEI Section for the AAMC; a reviewer for JCEHP; and a reviewer of abstracts for research awards and conference presentations.

Phil Byrne, EdD has been leading the Children's Mercy Hospital, Office of Faculty Development for five years, creating and planning faculty resources for scholarly productivity. Phil completed a Educational Doctorate from the University of Missouri School of Education – Education Leadership and Policy Analysis. He also serves as the Co-Chair of the CMH Maintenance of Certification Project Review Committee for the American Board of Pediatrics Portfolio sponsorship program granting physicians MOC Part IV credit. As a member of the AAMC – Group on Faculty Affairs, Phil enjoys developing innovative solutions to assist faculty in maintaining the three pillars of academic medicine (teaching, research, clinical practice).

Nikki Campbell, MSN, RN serves as the Assistant Director of the Virtual Patient Care Center (VPCC) at USF CAMLS, where she manages the day-to-day operations for simulation training.

Ms. Campbell earned a Master's Degree in Nursing from Drexel University in Philadelphia in 2009, with a focus in simulation education in healthcare. She earned a Certificate for Simulation in Healthcare through the BryanLGH College of Health Sciences in Lincoln, Nebraska, in 2011. Ms. Campbell is currently a doctoral student at Capella University in Business Administration, with a specialization in Strategy and Innovation.

Linda Caples, MBA has an extensive background in physician education and adult education. Currently, Mrs. Caples is the Director of Continuing and Professional Education at the Medical College of Wisconsin. She recently served as the Director of Education for the Movement Disorder Society (MDS) - an international organization of Neurologists and Neurosurgeons dedicated to the research and treatment of Parkinson's disease and other movement disorders. Mrs. Caples travels throughout the United States and Europe working with physicians to provide high quality education to clinicians and researchers. Her past work also expands to Asia, South America and Sub-Saharan Africa. Linda has her Bachelor of Science degree in Business Administration with an emphasis in Marketing from Butler University; a Master of Business Administration degree from Cardinal Stritch University and is currently pursuing a Doctorate in Urban Education specializing in Adult & Continuing Education from UW-Milwaukee. Mrs. Caples has over 13 years of CME experience and served in continuing medical education roles at Huntsville Hospital in Huntsville, Alabama and Waukesha Memorial Hospital in Waukesha, Wisconsin as well as the national accrediting body, the ACCME®. She has presented at Society for Academic CME, ABMS QI Forum and multiple Alliance for Continuing Education in the Health Professions annual meetings. She is a member of the Wisconsin Medical Society's Council on Medical Education, Co-Chair of the Wisconsin Consortium for Continuing Medical Education and Chair-Elect of the membership committee for the Society for Academic Continuing Medical Education.

Jeanne G. Cole, EdD, FACEHP is Assistant Dean for CME at Sidney Kimmel Medical College at Thomas Jefferson University and has been at Jefferson since 1997. Jeanne oversees Jefferson's compliance with changing national requirements for CME. She is actively involved in planning and implementing multi-disciplinary continuing professional education, oversees activity accreditation management systems, develops proposals for funding of CME activities, and manages complex commercial support relationships. In addition, Jeanne is responsible for the office and CME program performance monitoring, and works with the Chair of the Committee on CME to fulfill its obligations, working to develop and implement Jefferson CME policies and procedures. Jeanne has specific interests in new approaches to the design of CME activities and their appropriate evaluation. She is a member of the Alliance for Continuing Education in the Health Professions and the Society for Academic CME, and has presented Jefferson's advances in CME design, evaluation, RSS, and administration at the annual meetings of these groups over the years. Jeanne also has been a Site Surveyor for the ACCME since 2006.

Nana Kojo Danquah-Duah, MPH is Program Coordinator, Office of Continuous Professional Development and Strategic Affairs, University of South Carolina School Of Medicine and Palmetto Health. Mr. Danquah-Duah is responsible for all live activities, serving as an educational coach and a member of planning committees. He also assists in facilitating faculty development activities. Mr. Danquah-Duah has presented at the Alliance for Continuing Education in the Health Professions national meeting on "Getting Results from a Multidisciplinary Planning Committee Using Educational Coaching."

David Davis, MD is the Senior Director, Continuing Education and Performance Improvement at the Association of American Medical Colleges (AAMC). Prior to this role, Dave was a family physician in Ontario, Canada for nearly forty years. For much of that time, he was active in ‘CME’ as: chairman of an all-staff inter-professional CE program at a community hospital; director of Continuing Medical Education and subsequently chair of continuing education at McMaster University’s Faculty of Health Sciences; associate dean, continuing education, and founding director of the Knowledge Translation (Implementation Science) Program in the Faculty of Medicine, University of Toronto; and chairman of Ontario’s Guidelines Advisory Committee. This last role allowed Dave the opportunity to explore and test models of clinical practice guideline development, adaptation and implementation of best evidence on a province-wide basis. Dave has also developed an innovative comprehensive competency assessment program for the provincial licensing body, and helped create a center for faculty development and a Mini-Med School at the University of Toronto. Emphasizing evaluation of educational activities using a rigorous outcomes-testing approach, he has acted as PI, Co-PI or investigator on grants totaling several million dollars. This emphasis has seen the publication of 125 peer-reviewed papers, in addition to dozens of abstracts, book chapters, two major books on CME practices, and presentations on four continents. His (and colleagues’) 1995 JAMA systematic review of the effect of CME interventions is widely cited as a seminal study in this field. Finally, Dave has been chair or president of national or provincial Canadian organizations, two North American organizations (the Alliance for CME and the Society for Academic CME) and the Guidelines International Network, a global organization dedicated to the development and implementation of evidence-based clinical practice guidelines. His current role in the AAMC permits him to opportunity to work with individuals, associations, groups and academic medical centers to create scholarly, integrated models of effective, performance-based continuing education.

Nancy Davis, PhD is Associate Professor in Family Medicine and Director of Professional Development and Practice-Based Learning at the University of Kansas School of Medicine-Wichita and the Wichita Center for Graduate Medical Education. She was formerly Director, Practice-Based Learning and Improvement at the Association of American Medical Colleges (AAMC) and remains on faculty of AAMC’s Teaching for Quality (Te4Q) program. She was a founder and served as Executive Director of the National Institute for Quality Improvement and Education (NIQIE). Previously, she served as Director of CME for the American Academy of Family Physicians and her work with the AMA contributed to the current CME credit designation for point of care and performance improvement CME activities. Dr. Davis earned a PhD in Adult and Continuing Education at Kansas State University; a master’s degree in healthcare administration; and a bachelor’s degree as a physician assistant at Wichita State University. She is a Certified Professional in Healthcare Quality (CPHQ). An experienced clinician, educator and researcher, Dr. Davis has taught graduate students, presented in numerous national forums, and published in peer reviewed journals.

Meg Dingae, MHSA, CHCP serves as the Manager of Educational Grants and Collaborations in the Office of Professional Education at National Jewish Health in Denver, Colorado. For the past six + years in this position, Meg has collaborated with dozens of local, state and national organizations to develop and implement high quality multidisciplinary educational initiatives, including quality and performance improvement programs. Prior to this position, Meg directed the pharmacy education programs for two hospice-focused organizations. Meg currently serves as the Director of Communications on the Board of Directors for the Colorado Public Health Association. She holds a bachelor’s degree in Communications from the Catholic University of America in Washington, D.C., and a Master’s Degree in Health Services Administration from Regis University in Denver, CO. She has also earned her certified healthcare CPD professional (CHCP) designation from the Commission for Certification of Healthcare CPD Professionals.

Alexander M. Djuricich, MD grew up in Chicago, IL. After attending Northwestern University as an undergraduate, he matriculated at Loyola University Stritch School of Medicine, graduating in 1994. He then embarked on a residency in combined Medicine-Pediatrics (“Med-Peds”, for short) at the Indiana University School of Medicine, completing this in 1998. After spending a few years in primary care at a community hospital in the Detroit area, he completed a primary care faculty development fellowship program at Michigan State in 2001. He returned to Indiana University School of Medicine (IUSM) in 2001, embarking on a career as a clinician educator. He began as the associate program director of the Med-Peds residency in 2002, becoming program director in 2006, a position he continues to hold. He has had an interest in the education of quality improvement, serving as the Medical Director of Quality Improvement for Riley Hospital for Children from 2007 through 2011. It was this interest in quality improvement that led Alex to his current position as Associate Dean for CME at the IUSM, which he began in November of 2011. Alex’s scholarly areas of interest include quality and performance improvement, social media within medical education, and using emerging technology within medical education.

Annette Donawa, PhD joined the OCME staff in 2012 at Johns Hopkins University, in Baltimore, MD. She earned a Bachelor of Science degree in Mass Communications with a minor in English from Towson University. She subsequently earned a Master’s degree in education with a focus in instructional design and curriculum development from Northern Illinois University. She continued her educational pursuits, earning a Ph.D. in higher education and administration from Morgan State University (MSU). Currently, she serves as the Vice Chair for the Program Committee for the Society of Academic Continuing Medical Education (SACME). Dr. Donawa’s experience in education and industry spans more than 25 years. She has served as the Director of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), as well as the Deputy Director of a NASA-funded university research grant within the School of Engineering at MSU. Her doctoral research in critical thinking supported the Maryland State Department of Education’s (MSDE) science, technology, engineering, and mathematics initiatives. She currently serves on the Johns Hopkins OCME Advisory Board and has served as a Board member for Maryland DECA, a non-for-profit organization which focuses on high school student achievement throughout the State of Maryland. Her peer-reviewed research articles on the enhancement of students’ critical thinking skills have been presented at the American Society for Engineering Education (ASEE) and Frontiers in Education (FIE) conferences. Dr. Donawa’s research interests include Pedagogy and Andragogy, Instructional design and curriculum development, and Enhancement of Critical Thinking Skills in higher education institutions.

Peter J. Fabri, MD, PhD, FACS is a recently retired academic surgeon, Professor of Surgery and Professor of Industrial Engineering, at the University of South Florida. He trained in general surgery, medical gastroenterology, surgical critical care, and surgical oncology. He served as program director of two general surgery residencies (10 years) and later Associate Dean for GME for 18 years. He has served in numerous academic and administrative roles, including the AAMC Group on Resident Affairs, the ACGME Committee on Improving the Learning Environment, the AMA Innovations to Transform Medical Education committee, the Surgery RRC, the Accreditation Review Committee for Physicians Assistants, and is a member of numerous surgical organizations. He returned to graduate school and earned a doctorate in industrial engineering for the specific purpose of creating a program in Health Systems Engineering (HSE) in both the College of Medicine and the College of Engineering. While on sabbatical at Northwestern University (2007) he conducted a needs assessment and developed the curriculum for a four course certificate program in HSE. Since returning to USF, he has developed a structured program in HSE (four years) for medical students, a doctoral track and a masters degree for engineering students,

an interdisciplinary graduate course in Human Error and Patient Safety, a mandatory workshop for senior medical students in Patient Safety, and a series of post-graduate workshops in HSE for the American College of Surgeons. He is currently writing a text “Measurement and Analysis to Transform Healthcare” and chairs the Committee on Education in Health Systems Engineering for the American College of Surgeons.

Moshe Feldman, PhD received his degree in Industrial and Organizational Psychology from the University of Central Florida in 2008. Dr. Feldman applies a multidisciplinary approach emphasizing organizational behavior and human factors to develop solutions for training, human systems integration, and organizational development. His current research focuses on building resiliency in health systems and building competency in quality improvement within healthcare teams.

Debra Gist, MPH, FACEHP has worked in a variety of roles in CME during her career and in a variety of settings — Sharp HealthCare (consultant), Duke University Medical School (director), American College of Cardiology (consultant), and the American Academy of Dermatology (senior director). She serves on the ACEHP Board of Directors and the ACCME Accreditation Review Committee. She volunteers as an ACCME Surveyor, and has served as faculty at national CME conferences for over 20 years.

Rachel E. Grant, MN, BScN, RN is a Registered Nurse and have been involved in the education of health and social care professionals since 2008. Rachel entered into research in early 2013 after completing a Master of Nursing in Leadership in Education and Health Policy. Her research interests primarily concern the cultural, historical and structural factors that influence interprofessional learning and collaboration. Rachel continues to engage in a variety of teaching activities, such as delivering lectures, team training sessions, and facilitating workshops for organizations and undergraduate health and social care students.

Vjekoslav Hlede, DVM serves as Senior Learning Management System Specialist at the American Society of Anesthesiologists. He is a PhD candidate at the Lancaster University where he is doing the Doctoral Program in E-Research and Technology Enhanced Learning. Areas of his research interest are: learning management systems, CPD for physicians, and quality improvement education and inter-professional learning. Vjeko serves on the Board of Directors of the Illinois Alliance for Continuing Medical Education.

Tanya Horsley, PhD obtained her PhD in 2002 from the University of Western Ontario with a thesis entitled “The use of autogenous hamstring tendons for anterior cruciate ligament reconstruction”. She completed a two-year postdoctoral Fellowship at the National Centers for Chronic Disease Prevention and Health Promotion, in the Division of Diabetes Translation with the Centers for Disease Control (CDC) (e.g. systematic reviews & meta-analysis). She gained valuable methodological expertise summarizing randomized and non-randomized designs, having worked previously at both the Ottawa and McMaster Agency for Healthcare Research and Quality Evidence-based Practice Centers (AHRQ EPC). Her research program in continuing professional development focuses broadly on the discourses, development, and evaluation of learning strategies within the context of one’s practice (learning ‘on the run’) and more specifically how physicians’ articulate and address questions (e.g. point of care, evidence used, information access) both as individual’s and as part of a complex healthcare system/team. She is dedicated to improving reporting within medical education research, focused primarily on randomized trials and systematic reviews. Dr. Horsley currently holds an academic appointment in the Department of Epidemiology and Community Medicine, Faculty of Medicine, at the University of Ottawa where she teaches courses for systematic reviews and meta-analysis. She is currently the Associate Director, Research Unit at the Royal College of Physicians and Surgeons of Canada & Chair, Research Committee

for the Society of Academic Continuing Medical Education (SACME). She is the Chair of several national/international peer review committees and was appointed to the role of Associate Editor, Journal of Continuing Education in the Health Professions (JCEHP).

Beverly Hughes, BSN is the Chief Operating Officer, Center for Advanced Medical Learning and Simulation (CAMLs) and the Executive Director, Continuing Professional Development (CPD) at USF Health. She is a diploma graduate of the Cleveland Metropolitan General School of Nursing, Cleveland, Ohio in 1972 and completed her BSN from the University of Tampa in 1985. Her clinical experience includes staff nurse, head nurse, supervisor, and nurse educator positions over her career span. Her clinical experience includes Burn Nursing, Surgical Intensive Care, Coronary Care, Women's Health, and Critical Care. After attaining her BSN the focus of her career has been in the field of education in the health professions. Health education includes BCLS, BCLS Instructor, ACLS, ACLS Instructor, and CCRN. She has over 20 years in CME, including most recently, the submission of the ACCME self study (received 6 year with commendation in 2009) and she currently serves as a volunteer surveyor for the ACCME. She is responsible for the operations of CAMLS and CPD, including simulation, surgical skills lab and robotics program. She is currently a member of SACME, the Alliance, and the Society for Simulation in Healthcare. She has held positions in the local chapter for the American Heart Association and miscellaneous workgroups for the above professional societies.

Ginny Jacobs, MEd, MLS, CCMEP is the Director of the Office of Continuing Professional Development at the University of Minnesota (U of MN). She is proud to lead a talented team of professionals whose mission is to deliver accreditation and education consulting services ultimately focused on improving the quality of patient care and healthcare systems. Prior to joining the Medical School, Ginny served as Associate Director of the Executive Development Center (EDC) within the U of MN Carlson School of Management, where she worked as the project lead for the Mayo Clinic/University of Minnesota partnership which focused on designing and delivering a strategic business curriculum for healthcare executives. She has worked as a change agent in the financial services, publishing, and survey/assessment industries. She is a lifelong learner who possesses a Masters in Education (M.Ed.) and an advanced degree focused on the effective use of technology in education. Ginny has proudly served in various leadership roles within the CME/CPD community. She is currently President of the Society for Academic Continuing Medical Education (SACME).

Simon Kitto, PhD is a medical sociologist who has been working in health professions education research since 2002. He is an Associate Professor at the University of Ottawa's Department of Innovation in Medical Education, as well as the Director of Research in the Office of Continuing Professional Development. Simon's main research interests are studying how structural, historical and socio-cultural variables shape interprofessional clinical practice, educational settings and activities. His current research focuses on the nature and role of continuing interprofessional education and practice within the nexus of patient safety, QI and implementation science intervention design and practice.

Mila Kostic, FACEHP is the Director of Continuing Medical Education Program at the Perelman School of Medicine, University of Pennsylvania where she leads a team of dedicated professionals and a Program known for innovative, curricular approach to CME and strategic collaborations. Her current work and interests are focused on interprofessional and team-based approach to learning and teaching in medical education with a special interest in the science of performance improvement and the practice of quality and safety faculty development. Mila is engaged in the profession nationally and internationally and continues to learn and served as a member and on the committees of several organizations including the Alliance for Continuing Education in the Health Professions (ACEHP), Mid-Atlantic Alliance for CME

(MAACME), Global Alliance for Medical Education (GAME) and the Association for Hospital Medical Education (AHME). She is a past Regional Representative and a member of the Board of Directors for the Society for Academic CME (SACME). For the last three years Mila has enjoyed serving as the SACME Chair of the Program Committee and has established the Society's Virtual Journal Club in 2014. She also contributes as a reviewer to the Journal of Continuing Education in the Health Profession (JCEHP). She is a recipient of several professional awards and a Fellow of the Alliance for Continuing Education for the Health Professions and continues to contribute to the field with publications and invited presentations.

John Kues, PhD is Associate Dean for Continuous Professional Development at the University of Cincinnati. The Center for Continuous Professional Development, in which the CME program is housed, works closely with faculty across the four colleges in the AHC (medicine, nursing, pharmacy, and allied health sciences) to develop interprofessional initiatives that train faculty and students in interprofessional teams using clinical environments in the university health system and the community. With over 30 years of experience as a program evaluator and social/behavioral researcher, he has extensive expertise and experience in applying quantitative and qualitative methodologies to assess the impact of educational programming, and continues to design and implement programs to improve the delivery of healthcare and patient outcomes through academic/community partnerships.

Constance LeBlanc, MD, CCFP(EM), FCFP, MAEd received her Diplôme des Sciences de la Santé (DSS) from the Université de Moncton and Doctorat en Médecine (MD) from Université Laval in Québec city, Québec, Canada. She is a certificant in Family Medicine with the Collège des Médecins et Chirurgiens du Québec and with the College of Family Physicians of Canada (CFPC). She also holds a Certificate of Special Competency in Emergency Medicine from the CFPC. Connie completed a Master of Arts in Education degree in adult education from Mount Saint Vincent University in Halifax, Nova Scotia and has been a member of SACME since 2010 serving as the Canadian representative since 2012. Dr. Constance LeBlanc has served as Associate Dean for Continuing Medical Education (CME) at Dalhousie University since 2010. Under her leadership, ongoing innovative and scholarly work in medical education has been the focus of this unit in addition to the provision of high caliber CME. These scholarly initiatives include: Choosing Wisely Nova Scotia leadership, adoption of the ae4Q framework of the AAMC for the Academic Health Sciences Network at Dalhousie University and, leading the Atlantic Long Term Care Network, the latter with a goal of reducing polypharmacy for the frail elderly in long term care in the Canadian Atlantic provinces. Connie chairs the Standing Committee on Continuing Professional Development (SCCPD) of the Association of Faculties of Medicine of Canada (AFMC) where she also serves as Vice President of Education. Her experience as Chair of Continuing Medical Education for the Canadian Association of Emergency Physicians (CAEP) from 2004-2010 and was an International Medical Educators' Exchange (IMEX) scholar visiting five post graduate institutions in four countries during the same time period. Connie's national and international conference invitations speak to her skill in delivering of high quality CPD and her perspective that learning should be of the highest quality and evidence, but also fun. Dr. LeBlanc is a professor of Emergency Medicine at Dalhousie University and continues to work in the ED in addition to serving as a consultant in toxicology and in air medical transport for the provinces of Nova Scotia and Prince Edward Island. Connie was program director for the post-graduate training program in Emergency Medicine at Dalhousie for eight years and is currently chair of both the examination and program committees for Emergency Medicine for the CFPC. She lives and works in Halifax, Nova Scotia, Canada where she welcomes any opportunity to speak French- her second language. She is married, with two teenagers and enjoys SCUBA and travel, as well as playing piano in her spare time.

Sarah Meadows MHSA, CHCP is Manager, Accreditation and Programs for the Office of Professional Education at National Jewish Health in Denver, Colorado. National Jewish Health has been accredited by the ACCME since its inception in 1984; in December 2011, National Jewish Health received Accreditation with Commendation from the ACCME. They are also an accredited continuing pharmacy education provider through the ACPE, and continuing nursing education provider through the CBRN. Sarah is currently Secretary of the Commission for Certification of Healthcare CPD Professionals (CCHCP) Board of Directors and Editor of their weekly newsletter, the CHCPress. She is President of the Colorado Alliance for Continuing Medical Education (CACME), and has also served as the Denver Regional Leader for the organization. Previously, Sarah was Director of Education for intellyst Medical Education. Sarah has been in the CME industry for 13 years, and has been a Certified Healthcare CPD Professional (CHCP) for over six years. She received her Master of Science in Community Services from Michigan State University.

Graham McMahon, MD, MMSc Graham T. McMahon, MD, MMSc, is the President and Chief Executive Officer of the Accreditation Council for Continuing Medical Education (ACCME®), which sets standards for high-quality continuing medical education (CME) that improves physician competence and performance and contributes to healthcare improvement for patients and their communities. Dr. McMahon leads efforts to strengthen the role of accredited CME as a strategic resource to public health initiatives on the national and international level. He is responsible for positioning accredited CME to effectively meet the needs of emerging generations of healthcare professionals. Dr. McMahon directs the ACCME system for accrediting national and international CME providers, and the ACCME system for recognizing state and territory medical societies as accreditors for intrastate CME providers. In collaboration with the ACCME's colleague accreditors, the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC), Dr. McMahon oversees the program of Joint Accreditation for Interprofessional Continuing Education™. He also administers the process for designating non-US accreditors as substantially equivalent to the ACCME. A medical educator, researcher, and endocrinologist, Dr. McMahon joined the ACCME in April 2015 from Harvard Medical School, where he served as Associate Dean for Continuing Education and Associate Professor of Medicine. He taught extensively at Harvard Medical School and at Brigham and Women's Hospital in Boston, served as Editor for Medical Education at the New England Journal of Medicine, and as Executive Editor for the NEJM Knowledge+ program. He served as an endocrinologist in practice in the division of Endocrinology, Diabetes and Hypertension at the Brigham & Women's Hospital. A native of Dublin, Ireland, Dr. McMahon earned his medical degree from the Royal College of Surgeons in Ireland, where he also received a doctoral degree in medical education from the National University of Ireland. He is board certified in internal medicine—as well as endocrinology, diabetes, and metabolism. He earned a Master of Medical Science in Clinical Research from Harvard Medical School. An educator for more than 15 years, Dr. McMahon has developed educational policy at both the local and national level. He has volunteered on a range of national and international medical education committees, including serving on the Executive Board of the National Board of Medical Examiners. He has served as faculty for regional, national, and international CME activities; has published numerous articles in peer-reviewed journals; and has received local and national awards for his teaching and his work in medical education and diabetes research. Dr. McMahon is married to Joseph Guarino Jr., and they have two daughters.

Sara C. Miller, MS is the Director of the QI Institute and CE Content and Strategy at Med-IQ. In this role she oversees the planning, development and execution of all systems-based QI initiatives which currently includes programs in Hepatitis C screening, HIV testing, chronic lymphocytic leukemia treatment, cystic fibrosis management, acute treatment for stroke patients, and management of stable ischemic heart disease. In addition she oversees planning, development, execution and assessment of

continuing education activities, including those not integrated into QI initiatives, in multiple therapeutic areas. Sara holds a Masters of Science in biology from Wake Forest University. Following graduate school, she was a researcher and project lead at the Center for Genetic Medicine (CMCG) at Children's National Medical Center in Washington, DC. Before joining the CME arena, Sara provided professional, patient, and community education through the Muscular Dystrophy Association. In addition to her educational responsibilities at MDA, she also acted as a clinic manager, patient-physician liaison, and community advocate. Ms. Miller began her career in the CME industry in 2007 and moved to Med-IQ in 2009. Sara's work both in the basic science and CME arena has resulted in the publication of more than 12 peer-reviewed manuscripts and presentations at both clinical and education-focused conferences. She has been the co-recipient of Alliance for Continuing Education in the Health Professions' (ACEHP) Felch Award for Outstanding Research in CE (2013), and Best in Class

Robert Morrow, MD graduated with a BA degree in English Literature from Yale College [1970], and received an MD from Mt. Sinai School of Medicine in NYC [1974], and did his residency training at the Residency in Family Practice and Social Medicine [1977]. He is Board Certified in Family Medicine and has been in the independent practice of Family Medicine since 1980. He also works as an Associate Director for Interventional CME in the Center for CME at the Albert Einstein College of Medicine. He is the current Northeast Regional Representative of SACME. He has published with his group, and a broad coalition, a research project on implementation of a diabetes registry in the Journal of Continuing Education in the Health Professions. He is active in the American Academy of Family Physicians on a State and Regional level, and has been on the NYSAFP's planning committees for conferences for more than twelve years. He is an active reviewer and mentor for the Patient Centered Outcomes Research Institute as a stakeholder. Dr. Morrow is interested in educational methods that incorporate practice improvement, patient outcomes, and the use of media and health IT, particularly patient-centered registries, electronic health records, and prevention strategies. He focuses on building networks of peer educators to disseminate education in ways that implement meaningful changes in how patients and communities do. He recently completed a project in his community in the Bronx to implement the National Diabetes Prevention Program using local lay Coaches and academic detailing; the design of this project was supported by a grant from SACME's Research Committee. His current project builds on this work across the sectors of healthcare delivery, public health, and community organizations to implement the Stanford Diabetes Self-Management Program in the same community. He also kayaks whenever plausible.

Bruce Nitsche, MD has been a Board Certified Internal Medicine Specialist since 1983. He is currently: "Meeting Maintenance of Certification Requirements" and is currently doing his own Performance Improvement project to meet MOC IV requirements. After medical school at the University of Southern California, he returned home to Seattle and an Internal Medicine residency at Virginia Mason. He has been a member of the Alpha Omega Alpha Honor Society since 1980. Bruce has maintained a busy Primary Care Practice for 30 years giving him a unique perspective being both a provider and recipient of CME. He has spent his entire career at Virginia Mason in Seattle where he has been actively involved in adult education and quality improvement. He has been the Medical Director of CME for 15 years and also sits on the Quality Assurance Committee, directs Virginia Mason's ABMS associated Portfolio Program, and is an active member of the Washington State Medical Association's CME committee. He continues to teach both in the CME realm as well as GME, and was voted a "Top Teacher" in the residency program for 2013.

Curtis A. Olson, PhD is an Assistant Professor in the Department of Medicine at the Geisel School of Medicine at Dartmouth. He has a doctorate in adult and continuing education from the University of

Wisconsin-Madison and has been involved in healthcare professional education for more than 20 years. Dr Olson serves as Editor-in-Chief of the Journal of Continuing Education in the Health Professions. As Editor, he contributes to the continuing professional development of researchers and authors in the field and to shaping the research agenda in continuing education. He is also Principal and Owner of Clear Creek Research Services, LLC, a consulting firm specializing in evaluations of continuing education programs for health care professionals. He lives with his spouse, Lori Bakken, and divides his time between Madison, Wisconsin and Evergreen, Colorado.

Peggy Paulson, MS is an Operations Managers at Mayo School of Continuous Professional Development (MSCPD), Mayo Clinic. In this role she specializes in Maintenance of Certification (MOC), Quality Improvement, and Accreditation. She has administrative oversight for Accreditation, Academic Operations, and the Quality Review Board (QRB). Past experience includes operational oversight for all CME activities (annually 90+ live activities). She participates in the Midwest CME Network consortium. She has presented regionally and nationally in Quality and Accreditation, and is a current Member of the 2015 ABMS Quality Forum Planning Committee. She holds a BS in Interdepartmental Speech Communication/Community Health, and a MS in Healthcare Informatics and Information Management. Over the years Peggy has also completed training for Project Management and Six Sigma Black Belt in Healthcare. Related work experience in accreditation of all types including Joint Commission and LCME. She has held Operations Manager positions in education, research and clinical settings. Peggy is an integral leader in adding accreditations to MSCPD (e.g. ACPE) and is currently leading a group to review the triple accreditation option for Mayo Clinic (ACCME, ACPE, ANCC).

Sue Pingleton, MD, FACP, Master FCCP became the associate dean for Continuing Education and Professional Development in 2011. She has served in multiple senior administrative positions at KU Medical Center, including the chair of Internal Medicine and the director of the Division of Pulmonary and Critical Care. She also served as senior medical director for The University of Kansas Hospital.

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Stephanie Roder, PhD is the coordinator of the Research Program at the Foundation for Medical Practice Education based out of McMaster University, Hamilton, Canada. She is a Neurophysiologist by training with more than 15 years of research experience in the basic medical sciences. Since 2005, Stefanie has been involved in a number of different medical education research projects that aim to clarify the processes and components that enhance physician learning and practice change. She was a co-investigator of a Manning awarded research project that explored the nature and diversity of planned practice changes taken from practice reflections made by family physicians participating in a practice-based small group learning program. She is also a co-author of a paper entitled “The evolution of a tool to encourage reflection and change in practice” that was recently accepted for publication in the Journal for Continuing Education for the Health Professionals.

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Mary Turco, EdD is Assistant Professor of Medicine at the Geisel School of Medicine at Dartmouth (Geisel) and Learning and Professional Development Consultant in the newly formed Dartmouth-Hitchcock (D-H) Center for Learning and Professional Development. From 2004 to 2014 she was Director of the Center for Continuing Education in the Health Sciences and Director of Continuing Medical Education (CME) at D-H and Geisel. Dr. Turco provides education consultation and faculty development for Graduate Medical Education, Continuing Education (Medical and Nursing), and Simulation-based Education and Research. She conducts education outcomes evaluation and assessment to improve

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Charles E. Willis, MBA, Director, Continuing Education, joined the Annenberg Center for Health Sciences at Eisenhower in July 2013, managing the center's 11 accreditations and portfolio of hospital based education. He brings over 25 years of experience in association management, continuing education, medical education and administering investigator driven meetings. Most of his career was with the American Medical Association, and spanned work as manager of technical services for the AMA library and program administrator for Medical Student Services. He subsequently directed International Medical Graduate Services, Senior Physician Services and ultimately the AMA Physicians Recognition Award (the CME credit system). Prior to the Annenberg Center, Charles served as vice president for Education and Training at the American Gastroenterological Association (AGA), overseeing a full portfolio of online and conference based educational activities, the national formative exam for GI fellows (the AGA Gastroenterology Training Exam) and the AGA's content (75% of total) for the largest gastroenterology focused, investigator driven conference in the world, Digestive Disease Week®. Charles graduated from the University of Chicago and received his MBA from Loyola University of Chicago.

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We would like to thank our colleagues for their time spent reviewing abstract submissions

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ABSTRACTS

**Abstract: RICME
INFORMING CONTINUING EDUCATION, IMPROVING PATIENT CARE: RESULTS OF THE DARTMOUTH-
HITCHCOCK REGIONAL NEEDS ASSESSMENT**

Linking continuing education (CE) with quality improvement (QI) requires understanding what the highest priority opportunities to improve patient care are from the learners' perspective. This information can guide program planning and within-system discussions about how to align CE with QI initiatives. The aims of the Dartmouth-Hitchcock 2014 Regional Survey of Health Care Professionals' CE Needs were to identify high priority opportunities to improve patient care as perceived by clinicians themselves, as well as understand current and preferred technology and social media uses for future CE/IPE delivery. Questionnaire 1 (Q1) asked a purposeful sample of clinicians to provide free-text descriptions of opportunities to improve patient care. Questionnaire 2 (Q2) asked a larger, random sample of clinicians to prioritize the list of opportunities derived from Q1. Q2 also asked about current and preferred technology usage for CE. Ninety-three respondents provided 436 responses to Q1; 655 clinicians completed Q2. Opportunities varied by profession and state; the top three for all clinicians combined were: 1) improving interdisciplinary communication between team members, 2) improving care transitions from inpatient to outpatient, and 3) reducing medication errors. Respondents showed a preference for using all technologies at rates lower than their current usage. The findings suggest specific topics that CE/IPE should address in future.

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Abstract: RICME
A FLIPPED CLASSROOM APPROACH TO IMPROVING THE QUALITY OF DELIRIUM CARE USING AN INTERPROFESSIONAL TRAIN-THE-TRAINER PROGRAM

Background

Delirium is highly prevalent in acute care settings and associated with increased morbidity and mortality. As part of a quality initiative at the University Health Network (UHN) in Toronto, we delivered delirium care train-the-trainer (TTT) sessions, using a flipped classroom (FC) approach, to train interprofessional educators and administrators in delirium care.

Research Question

We aimed to determine if a FC delirium TTT session could increase interprofessional educators' and administrators' attitudes and knowledge regarding delirium assessment, prevention and management.

Methods

Multi-site FC delirium TTT sessions for interprofessional educators and administrators consisted of pre-work involving a delirium e-learning module, self-assessment test and a link to a video on delirium assessment. Pre- and post-workshop questionnaires measured changes in delirium perceptions and delirium knowledge in addition to post-session satisfaction questionnaires. In addition to descriptive statistics, we compared knowledge scores and participant attitudes towards delirium care using a Mann-Whitney U test. We also conducted a thematic analysis of qualitative comments.

Results

A total of 155 and 113 participants completed the pre- and post-test, respectively. The FC TTT session was rated as excellent or very good by 90.4% of participants. Our thematic analysis of qualitative comments showed that the most valued components of the session were the session pre-work (37%) and in-session application exercises (44%). Participants' perceived confidence in delirium assessment, management, using an interprofessional team approach and ability to teach delirium were significantly higher after the TTT session ($p < 0.05$). Delirium knowledge test scores were also significantly higher after the TTT session (9.7 ± 1.7 vs. 11.7 ± 1.1 , $p < 0.05$).

Impact

Our preliminary data suggests that a FC delirium TTT approach is valued by participants and can improve educators' and administrators' confidence in and knowledge regarding delirium care. This study provides insights into the use of FC approach for continuing professional development as part of a quality improvement initiative.

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Abstract: RICME
EVALUATING A COMPLEX EDUCATIONAL INTERVENTION IN A COMPLEX SETTING: A DEVELOPMENTAL APPROACH TO ASSESSING THE IMPACT OF A MORBIDITY, MORTALITY, AND IMPROVEMENT CONFERENCE ON PATIENT CARE

Background

Aligning education and quality improvement in the hospital setting poses formidable challenges when it comes to assessing the impact of educational interventions on high level outcomes such as clinical practice, system change, and, ultimately, patient outcomes. This challenge can be construed as how best to assess the impact of a complex intervention in a complex environment (CICE).

Methods

The goal of this pilot project was to explore 1) the range of outcomes currently produced by a Morbidity, Mortality, and Improvement (MM&I) Conference held at the Dartmouth-Hitchcock Medical Center and 2) the mechanisms that might link those outcomes with improvements in care.

Methods

This investigation was framed as a developmental evaluation (Patton 2011) and employed a mixed-methods approach. Data were collected from faculty, residents, medical students and other health care professionals using focus groups, interviews, a survey, and extraction from data archives.

Results

Informants reported a broad range of event-specific and cumulative learning outcomes. However, many of the outcomes and mechanisms by which this learning could be translated into improved quality of care lay outside a QI framework suggesting 1) that the contributions of this educational activity cannot be understood solely in terms of the QI framework, and 2) that the MM&I Conference makes a unique and complementary contribution to quality of care.

Impact

This project demonstrates the use of developmental evaluation to assess the impact of a CICE and provides insight into the distinctive contribution that continuing education can make to improving quality of care.

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Abstract: RICME
IMPORTANCE OF IDENTIFYING BARRIERS AND ENABLERS TO PRACTICE IMPLEMENTATION

Background

Translating new knowledge into clinical practice is impacted by many factors that are external to the information being translated. Consideration of these factors may assist in enhancing practice change.

Research Question

Does identification and discussion of barriers and enablers impact practice implementation of new knowledge?

Methods

Family physician members of a Practice-Based Small Group Learning Program met to discuss clinical cases using evidence-based educational material that identifies and addresses gaps between current and best practice. A practice reflection tool (PRT) was used to document planned practice changes including anticipated barriers/enablers to change. At a three month follow-up review, physicians identified which planned practice changes were made and which were not. Actual barriers/enablers to practice implementation were also reported.

Results

PRT data was collected from 289 participants who had discussed practice change in small groups over five different clinical topics. Participants often documented more than one planned practice change (47%). Participants that made all their planned practice changes (24%, 68/289) reported fewer barriers than enablers to change (53% versus 76%, $p=0.1$). In contrast, participants that did not make changes (27%, 79/289) identified more barriers than enablers (85% versus 24%; $p=0.03$). Participants that made partial changes (49%, 142/289) identified equal numbers of barriers and enablers (73% versus 76%; $p=0.2$). Anticipated barriers/enablers to change were not necessarily the same as the actual barriers/enablers reported.

Impact

The identification and discussion of barriers/enablers appears to impact practice implementation. Further study should provide better understanding of the processes that enhance knowledge translation.

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Abstract: RICME
USING INTERPROFESSIONAL SIMULATION-BASED INTERVENTIONS TO IMPROVE COMMUNICATION SKILLS OF PROVIDERS CAN ENHANCE QUALITY OF CARE AND OUTCOMES IN PATIENTS WITH TYPE 2 DIABETES

Problem

Effective self-management behaviors by patients with T2DM (including treatment adherence and lifestyle changes) can reduce co-morbidities, mortality risk, and overall healthcare costs. Lack of consistent inter-professional communication in primary care teams (PCTs) and challenges in proper patient-provider communication contribute to patients' disengagement and non-adherence and undermine HCP's confidence and professional fulfillment.

Approach Used

Our strategy was to provide evidence about the importance of communication on T2DM patients' outcomes and to empower PCTs to learn and practice effective communication skills within the context of the disease management. The intervention was a half-day workshop that included expert-led lectures, multiple small group break-outs with standardized patients, interactive large group discussions and a take-away communication toolkit for the practice.

Results/Findings

The mixed-methods, time-series, evaluation consisted of pre/post self-assessment questionnaires, pre/post evaluation questionnaires and 3 month post qualitative interviews (sample of participants and their patients), and pre/post 6 month patients' chart audit against a control group (no intervention). Increased knowledge of strategies to promote positive self-management behavior and increased confidence in ability to assess patients' readiness to adopt self-management plans were observed (both $p \leq 0.001$). PCPs' understanding of the impact of their communication approach on positive self-management behaviors and their role in facilitating adherence both increased significantly ($p \leq 0.001$). Patient chart audits showed a significant increase in a number of health management indicators. Patients reported changes in PCPs attitudes and functioning of the PCTs.

Impact

Our findings provide evidence of the positive impact of inter-professional simulation-based interventions on clinical efficiencies and quality of care. Empowering PCPs to better communicate as a team and to include their patients in that team can contribute to improved adherence and overall T2DM management.

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Abstract: RICME

COLLABORATIVE AND SYSTEMS-BASED APPROACH TO IMPROVE THE QUALITY OF CARE OF PATIENTS WITH RHEUMATOID ARTHRITIS AT INCREASED RISK FOR CARDIOVASCULAR DISEASE

Introduction/Background

A baseline needs assessment indicated best practice gaps existed in caring for patients with rheumatoid arthritis (RA) at risk for cardiovascular disease, specifically related to modifiable risk factors including smoking and weight. Gaps included communication and documentation between cardiology and rheumatology divisions, patient awareness and education about disease risks, lack of referrals to systems-based interventions, and lack of time and resources.

Methods

A PI CME framework was adopted to address identified practice gaps. An institution-wide collaboration resulted in convening a steering committee with members of the clinical, quality, professional education, biostatistics, and executive leadership teams. Systems-based changes (revised practice flow, new EMR prompts), a dedicated patient case manager, and educational resources for providers and patients are integral components, as well as patient enrollment into institutional weight management and smoking cessation programs.

Results

The initiative is in the intervention stage. Collaboration among interdisciplinary teams to date has resulted in processes implemented for identifying RA patients and referring to cardiology, as well as for making referrals to smoking cessation and weight management interventions. At the end of March 2015, 70% of RA patients referred to cardiology have scheduled a visit, which is documentation of a successful identification and referral process that did not exist prior to the initiative.

Conclusion

All RA patients are at increased risk for cardiovascular disease, which is now being identified and addressed through a systems-based, collaborative strategic process. Patients will also now receive valuable tools and interventions related to two of the key causes of cardiovascular risk.

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Abstract: RICME
IMPACT OF KNOWLEDGE TRANSLATION TOOLS ON PRACTICE IMPLEMENTATION

Background

This study focused on the development of knowledge translation (KT) tools and strategies to enhance implementation of guidelines developed by the Canadian Task Force on Preventive Health Care (CTFPHC).

Research Question

How do physicians select and use KT tools and strategies; and what factors facilitate and sustain change?

Research Methods

Mixed methods study including practice reflection tools (PRT), surveys and interviews. Participants were Canadian family physicians who participate in on-going Practice-Based Small Group learning program. An educational module on breast cancer screening including KT tools was used as part of their usual learning session. Planned practice changes were documented on the PRT and implementation was reassessed at 3 months. Barriers and facilitators to implementation were assessed using on-line survey and individual telephone interviews.

Results

Over 70% of survey respondents indicated that they followed through with planned practice changes and used at least one of the seven practice tools provided in the module. The tools that provided new information were used most often. Algorithms and patient handouts were also perceived as useful. Utilization of tools was influenced by discussions with colleagues, quality of evidence, ability to integrate tools into EMR, and perceived conflict with other guidelines.

Impact

Family physicians found that KT tools are useful in implementing practice changes, as long as they are based on good evidence and easily accessible. However, once the information has been internalized there was no need for further reference. This information will inform the development of sustainable KT strategies for guideline implementation by the CTFPHC.

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Abstract: Best Practices

THE HEALTH PROFESSIONAL EDUCATION SERVICE LINE: AN INNOVATIVE ORGANIZATIONAL STRUCTURE TO ADVANCE THE ACADEMIC MEDICAL CENTER'S CLINICAL LEARNING ENVIRONMENT

Academic medical centers (AMC's) have responsibility for assuring that the clinical learning environment (CLE) is capable of meeting the needs of health professional students, trainees, and practitioners across all professional disciplines. Unfortunately, the responsibility for education in AMC's is commonly distributed among many different departments, with sub-optimal coordination and poor representation in the C-suite. Development of optimal CLE's requires that institutions organize education from an enterprise perspective, providing cohesive strategic direction, adequate infrastructure, and inter-professional learning opportunities. UPMC has developed a unique organizational structure – the health professional education service line – to address these issues.

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Abstract: Best Practices
LEVERAGING CHANGE AS A COMPETITIVE ADVANTAGE TO IMPROVE CARE: KEY PRINCIPLES AND BEST PRACTICES IN CHANGE MANAGEMENT

Abstract: Problem Statement

Changes in the Healthcare setting are accelerating, placing increased and new demands on healthcare professionals. Medical education organizations must effectively manage and grow with these changes to remain viable systems. How do medical education organizations navigate the complexities of the current healthcare environment, and leverage change as a competitive advantage to improve care? What are the best practices and key principles for managing change?

Approach (what did you do)

We draw from management theories, systems theories, and organizational learning theory to guide our work. Our interventions cross ecological levels (individual, team, organizational, and institutional) to manage the collision of changes affecting our local hospital system and medical school.

Results/Finding

In this session, we will use some examples to illustrate the outcomes of our change management efforts. The examples highlight managing change on the organizational level as well as the institutional level.

Barriers and Facilitator to Implementation

Effective change management is anchored in a collection of guiding principles and best practices. We discuss the principles and practices that have proved effective for us, and reflect on how they have served us in addressing barriers.

Impact

As a result of our efforts, our CME/CPD organization has an increasingly pivotal role in contributing to the strategic direction of our medical school and hospital system. Additionally, the work of our team has increased the capacity of local medical school departments and health care clinics for teaching medicine and becoming patient-centered medical homes.

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Abstract: Best Practices
SHIFTING TOWARD SOCIALLY ACCOUNTABLE CONTINUING PROFESSIONAL DEVELOPMENT

Problem statement

Continuing professional development (CPD) is increasingly discussed as a part of a fundamental social contract between healthcare professionals and society. Socially accountable CPD is expected to expand its focus from disease-specific content to complex public health issues, engaging interdisciplinary teams, and demonstrating sustainable practice improvements.

Approach used

Ten organizations launched an educational initiative aimed at preventing stroke in patients with atrial fibrillation in the United States. Although “social accountability” was not part of the partnership vocabulary, the underlying notions of focusing on an important public health area and producing sustainable changes influenced initiative development. Learners were encouraged to engage in serial education and received practice-oriented tools; interventions were modified in response to evolving educational needs—all of which marked a transition from event planning to a CPD process supported by continuous assessment and improvement.

Results

More than 64,000 clinicians participated in 120 live and enduring activities resulting in improved knowledge and behavior. Participants in performance improvement projects achieved on average 27% improvement in documenting stroke risk. Partner organizations gained insights into being strategic in every facet of education planning.

Barriers and Facilitators to Implementation

Increased accountability raises a budgetary concern that may be addressed through detailed planning early in the project and thinking creatively about existing resources. Further, socially accountable CPD is a shared responsibility among multiple stakeholders but CPD providers have a primary responsibility to coordinate and build bridges to others.

Impact

CPD community needs to delve deeper into the issues surrounding the shift toward increased accountability.

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Abstract: Best Practices

DYNIA – A UNIQUE CME PROGRAM FOR ASSESSING KNOWLEDGE TRANSLATION IN CHRONIC PAIN

Problem Statement

Clinical practice guidelines (CPGs) while pervasive, are often not used by clinicians and strategies to enhance uptake have been difficult to assess. Combining Webinars, online forums and virtual patients (VP) and integrating script concordance testing (SCT) as both needs assessment and outcome measure appears to overcome some of these issues.

Approach Used

Purposive sample of rural physicians from three teaching sites participated in a program of 12 cases, an online webinar and discussion forum for two common pain conditions: Headache and low back pain. OpenLabyrinth, a virtual patient platform was used to author and publish VP cases, track participant responses and host discussion forum. A simple webinar platform “go to meeting” was used.

Results

16/28 possible physicians from three rural sites agreed to participate and 11/16 participated in all three aspects of the project. Participants enjoyed playing the vps and commented that the complexity provided by the SCT questions more accurately reflected the realities of daily practice.

Barriers and Facilitators to Implementation

VPs could be accessed at any time by participants. During the webinar, immediate reporting of decision pathways enhanced discussions of clinical controversies and enriched ensuing forum debate. The discussion forum was underutilized but participants found the software easy to use.

Impact

Blending webinars, online forums and virtual patients significantly enhances learner engagement and enriches case discussions. The addition of SCT within a realistic case-based model appears to reproduce aspects of how experienced clinicians address clinical challenges and also provides a rich assessment tool to evaluate learning and behaviour change in experienced practitioners.

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Abstract: Best Practices
A USER CENTERED DESIGN APPROACH APPLIED TO THE VIRTUAL QUALITY IMPROVEMENT CENTER (VQIC)

The inclusion of practice based learning and systems based practice as core ACGME/ABMS competencies and the development of MOC Part IV reflects an emphasis for physicians and other care providers to obtain the necessary quality improvement knowledge and skills to improve patient care processes and overall quality of care. For many providers, quality improvement introduces a new and unfamiliar set of knowledge and skills requiring continuing professional development. Tools and curriculum for QI-CPD are needed to facilitate knowledge translation and practice improvement. User centered design is a human factors based method for developing technology enabled learning tools tailored to meet multiple users' requirements. This study utilized a user centered design approach to develop the Virtual Quality Improvement Center (V-QIC), an adaptable experiential based toolbox for CPD professionals, quality improvement experts, and healthcare professionals interested in QI-CPD. The user centered design approach identified unique tools for providers, QI experts, and CPD professionals to support QI-CPD activities. V-QIC has been applied to a variety of QI projects including improving handoffs and readiness for managing unique pathogens. Challenges included translating QI-CPD terminology and coordinating access to tools during the development process. Building a multidisciplinary team and clarifying roles facilitated the engagement in the QI-CME activities. The V-QIC offers an innovative and adaptable tool for facilitating QI-CME projects that complements other formal QI curriculum. Future work will identify new functions and technologies that can be used to facilitate QI-CME projects.

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Abstract: Best Practices
THE KANSAS PARTNERSHIP FOR PAIN: STATEWIDE INITIATIVE TO ADDRESS MANAGEMENT OF CHRONIC PAIN

Approximately 116 million adults in the U.S. suffer from chronic pain with costs of \$560-\$635 billion annually. Prescriptions for opioid analgesics have dramatically increased and opioid overdose is now the second leading cause of unintentional death.

To address management of chronic pain, the Institute of Medicine recommends postgraduate continuing education for primary care practitioners. The IOM called for the expansion and redesign of educational programs.

We studied Kansas healthcare providers as well as leaders of Kansas health-care related agencies, and found almost unanimous concern regarding the need for pain management education.

In collaboration with the Kansas Board of Healing Arts, the Kansas Medical Insurance Company and the Kansas Department of Health, we formed the Kansas Partnership for Pain. The partnership's primary goal was the development of a comprehensive state-wide multi-year collaboration aimed at improving practice performance in managing chronic pain (see figure).

A multi-year, multi-tier approach was developed for primary care practices: first a state-wide foundational conference; second 1-2 day primary care intensives; and third quality/performance improvement (QI) projects at the practice level.

The first phase of the plan has been completed with the conference of November 2014. Attendance was excellent with a diverse group of 265 healthcare providers. The conference utilized patient interviews, discussions, role play, video vignettes and case presentations.

Participant survey feedback was vigorous with a 77% response. Over 95 % strongly agreed or agreed the course objectives were met. Next steps will be on-site intensives as well as quality improvement projects at the practice level.

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Abstract: Best Practices
SCALING QUALITY-THE HEPATITIS C SCREENING PROJECT

Recognizing the prevalence of undetected chronic hepatitis C infection among those born between 1945 and 1965 (the baby boomer generation), many key organizations have released birth-cohort based testing guidelines. These guidelines represent a significant paradigm shift for already overtaxed primary care providers.

Recently, Duke University School of Medicine, Office of Continuing Medical Education (DukeCME) and Med-IQ demonstrated the power of a carefully designed quality improvement (QI) initiative to change clinical processes and help five clinics within a single institution move toward alignment with the new guideline recommendations. There exists a great need for efforts that (1) expand the success of the pilot program by improving HCV testing and linkage of patients with positive screening assays to specialty care in clinics across the US and (2) illustrate the success of an expanded QI effort built using this tested framework.

An important focus of this initiative is the scalability of this successful QI framework to a larger cohort of academic medical center-affiliated primary care clinics. By teaching primary care clinic leadership how to train their clinical teams in the proven QI framework, and by supporting their transition towards improvement in quality, the Collaboration believes that cost-effective scalability and clinical improvement will be achieved.

This presentation will describe our experience (to date) of putting together this collaboration-taking a successful QI initiative done at one institution and scaling it to three other independent and different organizations located across the country. To our knowledge, this collaboration is a "first of its kind" project and has potential to improve patient outcomes nationally.

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Abstract: Best Practices
PROJECT ECHO® WITH CONTEMPORARY RECOMMENDATIONS FOR CONTINUING PROFESSIONAL DEVELOPMENT

Problem

A challenge with continuing professional development systems is the inability to translate the explosive growth of best practice healthcare knowledge into daily practice. This gap continues to widen. The purpose of this study is to describe an innovative education model for physicians in underserved areas using contemporary recommendations for continuing professional development.

Approach Used

Project ECHO® (Extension for Community Healthcare Outcomes) is designed to improve use of best practice care by community clinicians using technology, community clinicians' patient cases, and best practice didactic presentations from specialists in weekly teleECHO clinics. Many community clinicians participate in iterative learning in teleECHO knowledge networks with a few academic specialists to improve care of their patients with chronic illnesses. Use of recommendations from several continuing professional development reports about redesigning and enhancing learning and knowledge transfer informed this model.

Results

Between 2004 and 2014, 6,487 clinicians participated in telehealth sessions and received over 64,000 continuing education credits. The teleECHO clinics expanded from one to 12 chronic disease-specific teleconferences. TeleECHO clinics exemplify the seven levels of learning described by Moore and recommendations from four national reports intended to enhance learning to improve healthcare (Institute of Medicine, Macy Foundation, Carnegie Foundation, American Hospital Association).

Impact

Project ECHO serves as an exemplary educational model aligned with enhancing meaningful continuing professional development. Replication of ECHO's knowledge sharing model is being adopted nationally by academic health centers, state Medicaid initiatives, and internationally to serve as a framework for larger-scale medical education solutions.

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Abstract: Best Practices
IMPACT OF A PERFORMANCE IMPROVEMENT CME ACTIVITY ON THE CARE AND TREATMENT OF PATIENTS WITH PSORIASIS

Background

The Performance Improvement (PI) CME format improves physician performance in other specialties but data are lacking in dermatology.

Objective(s)

Assess the impact of a PI CME activity on dermatologists' practice patterns for patients with psoriasis.

Methods

This PI CME activity required participants to: (1) self-audit patient charts meeting the inclusion criteria in Stage A, reflect on their results which were benchmarked against peers; (2) review the educational materials in stage B and develop an improvement plan and implement it; and (3) self-audit a different set of patient charts meeting the inclusion criteria following plan implementation. Aggregate stage A and C data were analyzed using 2x tests.

Results

Statistically significant improvements were found in: patients with psoriasis being advised that they are at increased risk for cardiovascular disease and to contact their primary care provider for cardiovascular risk assessment; shared-decision making regarding treatment; and overall history taking and documentation of same per the medical specialty society's psoriasis clinical practice guidelines.

Limitations

Learner chart selection bias, self-reporting of chart data, and lack of a control group.

Conclusions

The medical specialty society's psoriasis PI CME activity demonstrated significantly improved dermatologists' documentation of patient's history, counseling of patients for lifestyle behaviors, and shared-decision making.

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Abstract: Poster
AN SRL FOCUSED DEVELOPMENT PILOT

Introduction

The American Board of Pediatrics (ABP) and Children’s Mercy Hospital’s Department of Pediatrics expect faculty who completed an accredited residency in pediatrics to obtain Board certification and enter into the MOC program. The Office of Faculty Development at CMH developed a program to provide resources, planning, and support to assist faculty members in passing the examination. As a pilot program, those faculty members that did not successfully pass the Boards were referred for comprehensive assessment to aid in the design of an individualized, comprehensive plan to include implementation support, test preparation, study schedule, mastery of exam skills, as well as a final high intensity preparation. The support program design was loosely based on the Self-Regulated Learning Microanalytic Assessment and Training framework.

Methods

Four physicians were identified to participate in the program. All four had taken the boards and failed a least once. The participants were assessed for difficulties in the following areas: psychiatric, learning, anxiety, mood, and attention. They were also assessed for burnout, personality traits, study behaviors, levels of motivation, self-efficacy and perceived barriers, as well as beliefs about lifelong learning and external stressors.

Results

Psychiatric factors, lack of self-efficacy, and poor study habits were among the issues identified that contributed to the development of individualized study plans. Recommendations included structured study time, psychological support, relaxation therapy, and participation in study groups.

Discussion

Three of the four participants successfully passed the exam. Participants reported they found the program helpful. We are working to expand these services.

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Abstract: Poster
TEACHING LEADERSHIP, DO THE CORE COMPETENCIES COUNT?

Background

Developing physician leaders is important for academic medical centers. Based on a review of the literature, we identified characteristics we determined were most important for physician leaders.

Objective(s)

We were interested in identifying the overlapping behavioral attributes between the core competencies of Interpersonal and Communication skills, System-based Practice and Professionalism (ISP competencies) and leadership so that we could identify gaps in knowledge and skill requiring further development in junior faculty and residents.

Methodology

As part of our efforts to foster faculty and ongoing professional development all physicians in CMH participate in 360° surveys. A common factor analysis with a varimax rotation of our instruments identified five factors relating to the ISP competencies and four factors related to leadership.

Findings

All four leadership factors were significantly related to the ISP competency factors (averages reported, $F(5/470) = 40.6$, $p < .0001$, with an average R^2 of .42). Each leadership factor is highly related to certain of the ISP factors; however, each leadership factor appears to have a unique set of relationships.

Discussion

The ISP core competency areas were statistically related to skills involved in the leadership domain but appear to differ in specific ways. Our findings support that while medical leadership can build on a foundation of ISP skills acquired during training and clinical practice, there are skills beyond those that are currently identified in the traditional core competency framework necessary to future physician leaders. We are using our findings to develop professional development opportunities for our junior faculty and residents.

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Abstract: Poster
INTERPROFESSIONAL LEARNING: AN ANESTHESIOLOGISTS' PERSPECTIVE

Background

Interprofessional learning (IPL) is recognized as an important tool to improve performance of United States (U.S.) healthcare teams and address changes the U.S. healthcare system and the U.S. continuing professional development (CPD) framework are undergoing. As of now, IPL is rarely used in formal CPD of U.S. anesthesiologists. Perioperative Surgical Home (PSH), an interprofessional team-based approach to perioperative care, and at this moment the most prominent project of the American Society of Anesthesiologists, can benefit from IPL.

Objective(s)

The goal was to identify variations of how CPD professionals, anesthesiologists and anesthesiology leaders perceive IPL, and its potential to address the need for continuous Quality Improvement Education (QIE), and training of the interprofessional PSH team.

Methodology

This research is designed as a phenomenographic study.

Findings

Nine dominant understandings of the IPL-related concepts were revealed through phenomenographic analysis. Since IPL is in its early stage, the majority of concepts are related to cultural and organizational issues surrounding IPL, instead of being focused on educational issues. Concepts are very interrelated. Therefore, they are grouped as concepts that promote IPL and concepts that question its feasibility.

Conclusion

IPL of U.S. anesthesiologists is a multidimensional concept – even from the perspective of just one profession. It is still in its early and formative stage. The people I interviewed did not face the dilemma of whether it was a good direction to go in. They recognized more benefits than challenges associated with it. However, their concern was about timing (whether to do it now or wait) and implementation strategy. An increasing number of new graduates with undergraduate IPL interprofessional experience, as well as the perspectives of other professions that may participate in interprofessional programs, could be a significant factor for future development.

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Abstract: Poster
ACADEMIC MEDICAL CENTER COLLABORATION FOR IMPROVED MEDICATION RECONCILIATION PROCESSES

Background

Due to not meeting the Joint Commission requirements for medication reconciliation (MR), improving MR processes at our institution became an organization-wide priority, also critical for the high volume of patients with difficult-to-manage respiratory diseases and multiple co-morbid conditions at increased risk for polypharmacy. MR is the process of reviewing all patient medications to maintain an accurate list and avoid potential safety concerns.

Objective(s)

The overall goal was for at least 90% of patients to receive an accurate medication list after outpatient visit.

Methodology

We identified quality indicators for an accurate medication list, improved the interdisciplinary process of MR in every clinical division at our institution, and developed education and tools for providers and patients fostering sustainability and ability to replicate.

Findings

Medication list reconciled and printed are core measures that improved considerably and are indicative of the success of a highly collaborative quality effort to establish a MR process. Data from 12 adult clinics at baseline and at intervention mid-point revealed improvement to 70% or more from an average 3% at baseline.

Barriers

Time is the primary barrier for establishing processes for each division for medication list reconciled and printed. Processes needed to be in place before additional metrics could be addressed, such as missing sigs (dose and frequency).

Conclusion

Sustainable processes for MR are now in place, including required training modules for physicians, nurses, and MAs. The processes, respectful of different workflows in different divisions, will now be the foundation for building additional improved patient care practices.

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Abstract: Poster
CME & MOC, WITH MOC IN FULL SWING IS CME STILL RELEVANT?

Background

Requirements abound and keeping track is necessary. Knowing what is needed by when and how is always a challenge. As a provider for both we are continually being asked “Is CME going away?” or “Several states are now accepting MOC as meeting licensure requirements does that mean that we shouldn’t be offering accredited CME courses any longer?”.

Objective(s)

We used these questions as an opportunity to review relevance and the requirements at a high level.

Methodology

Comparison of the general requirements was completed and gave us the findings we were looking for.

Findings

Our assessment leads us to believe that CME remains very relevant. We can share why/how we came to that conclusion.

Barriers

Barriers include misperceptions and the ever evolving discrepancies between the board requirements for the parts of MOC. Many providers have difficulty recalling their own licensure and board requirements and when asked to consider the full spectrum of all 24 credentialing boards they find themselves in a pool of “oh I didn’t realize that was different”.

Conclusion

Why is this important? We need to determine long term relevance and a plan for how we move forward as an accredited provider. This information is helpful in determining the plan.

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Abstract: Poster
**A UNIVERSITY MINI-SABBATICAL PROGRAM IN CONJUNCTION WITH A STATE MEDICAL BOARD FOR
PHYSICIAN REENTRY INTO PRACTICE**

Background

Physicians seeking to reenter active practice face many challenges: meeting various licensing and credentialing requirements; acceptable health status; and proving current competence in knowledge and practice through a limited number of available, and sometimes costly, retraining programs.

Objective(s)

The purpose of this study was to summarize a 10-year experience of our physician mini-sabbatical, practice-reentry program.

Methodology

The New Mexico Medical Board weighed physician self-assessment, practice history, and time out of active practice to determine a physician's needs for referral to our mini-sabbatical program. Faculty then evaluated applicants for their retraining goals, appropriate structure of course work, and nature and extent of faculty involvement. Progress was measured weekly, at course completion, and three months thereafter.

Findings

Of the 27 physicians referred from the medical board between 2004 and 2014, five were judged to require residency retraining, four received administrative medical licenses, and 18 qualified for the mini-sabbatical program. Twelve of the 18 elected to enter the program. All except one demonstrated acceptable core clinical skills to be granted unrestricted medical licensure. The median duration of training was four weeks (160 AMA PRA Category 1 Credits™). Their education did not interfere with existing medical student and resident training. Each was successful in attaining employment and hospital privileges.

Conclusion

This university mini-sabbatical program was helpful to the state medical board in determining the extent to which a physician needed to undergo retraining. When learning needs were tailored to qualifying physicians, this program was successful in returning physicians to practice in our state.

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Abstract: Poster
FREQUENCIES OF CORE COMPETENCIES ADDRESSED IN GRAND ROUNDS LECTURES

Background

The Accreditation Councils of Graduate Medical Education (ACGME) and Continuing Medical Education (ACCME) now require that educational activities support development or maintenance of “desirable physician attributes.”

Objective(s)

The purpose of the study was to evaluate core competencies covered in our department of obstetrics and gynecology grand rounds lecture series.

Methodology

This observational study involved a review of all learning objectives from all grand rounds lectures presented during academic years 2011-14. Each learning objective was reviewed by a senior medical student, resident, and faculty member. A core competency (medical knowledge, practice-based learning, professionalism, systems-based learning, patient interprofessional communication), was assigned to each objective according to the reviews’ consensus.

Findings

Complete information was available for 151 grand rounds, with 86% having three to four objectives per lecture. Two or more core competencies were covered in 60% of all lectures. The lectures contained the following core competencies: medical knowledge 73%, patient care/ procedural skills 29%, practice-based learning and improvements 28%, professionalism 19%, system-based practice 15%, and interpersonal and communication skills 7%. These proportions did not change from year-to-year. Lectures that included discussions about interpersonal communication and system-based practice were more likely to be from speakers outside the department. ($p < .02$, Fisher’s exact test).

Conclusion

Grand rounds lectures offer an educational opportunity to cover core competencies that do not deal with medical knowledge alone. Prospective grand rounds speaker will be asked to cover multiple competencies, with each being indicated in the learning objectives.

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Abstract: Poster
CE and QI – THE BUMPY ROAD THAT LEADS TO VALUE!

Background

In many institutions CME and QI/Patient Safety have trouble finding each other. It's difficult to connect, and the verbiage used by each is often not well known to the other.

Methodology

Based upon suggestions from a SCMEC (Southern California Medical Education Council) Conference last fall, we found out we needed a "physician champion" (the CMO). We met with him and, after struggling a bit with terminology (our first survey fell flat), figured out how to approach the right departments and the right people so that CME/CPD could be appropriately involved with and applied to already ongoing training.

Findings

Now that the connections have been made, we are accrediting QUEST (EHR) and ICD-10 Training Series. Other hospital initiatives (Infection Prevention CBT, etc.) are moving along quickly now. The key was to find the correct people and units, and with the encouragement, endorsement, and guidance of our new CMO this happened. CME/CPD has a newly authoritative, respected, and friendly "face" at the medical center.

Conclusion

As mentioned in Results / Findings above, we are now accrediting CBT at the hospital for required training. And since CME credit in California is directly and easily transferrable to nursing CEUs, as well as other professionals' CEUs, this makes our accreditation of required hospital training programs very attractive. The interprofessional aspect is most beneficial.

When training programs are CME-accredited they must meet certain criteria, and in so doing are elevated to a level of excellence which results in improved patient care- the overall goal of any CME/CPD or QI/Patient Safety program.

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Abstract: Poster
**APPLYING ACTIVE LEARNING STRATEGIES TO SUPPORT TRANSLATION TO PRACTICE:
IMPLEMENTATION OF AN ONLINE PERSONAL PRACTICE ACTION PLAN**

Background

While continuing education (CE) may provide learners with a wealth of knowledge, that knowledge is often unapplied in the workplace. Active learning instructional methods can increase knowledge and competence, but will learners translate newly learned strategies into practice, and how can the results be obtained and measured by the CE provider?

Objective(s)

What is the reported success rate of personal practice action plans that are supported by pre-course, in-course, and post-course scaffolding?

Methodology

Registered participants of a 3-day non-clinical cardiology course were emailed an online pre-course survey which prompted them to choose which course theme was most important to them and state a practice problem they desired to improve relative to that theme. At the beginning of the course, each participant was emailed a custom link to a structured online Personal Practice Action Plan. The plan was introduced and reinforced each day. A personalized 3-month follow-up survey will be sent to participants to obtain a status update. At 6 months, a final update will be requested for each of their plan's measurements.

Findings

The pre-course survey provided preliminary information to course faculty and introduced participants to the action plan concept. Onsite participation, course evaluation data, and the 3-month follow-up data will be available this spring.

Conclusion

The Personal Practice Action Plan will be implemented again in late spring to assist learners in translating knowledge into practice. Lessons learned from this pilot will be applied in the new course.

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Abstract: Poster
INTEGRATING CONTINUING PROFESSIONAL DEVELOPMENT AND QUALITY IMPROVEMENT: A MODEL FROM MENTAL HEALTH CARE

Background

While the relationship between quality improvement (QI) and CPD has been explored in medical education, mental health stigma and lag in the application of performance measures are unique challenges impacting their alignment in psychiatry.

Objective(s)

To explore the perspectives of psychiatry and continuing professional development (CPD) leaders in psychiatry regarding the relationship, opportunities and challenges between QI and CPD.

Methodology

Eighteen participants (psychiatrist-in-chiefs (10), psychiatry CPD leaders in Canada (8)) were interviewed. Interviews were designed to identify their perspectives about the definition, relationship and integration of QI and CPD in psychiatry. Analysis of the transcribed interviews was done using an iterative, inductive method associated with a grounded theory approach. Rigor of the analysis was supported through member checking and sampling until theoretical saturation was achieved.

Findings

Participants' defined QI as a construct measured at the individual, hospital and healthcare system levels. In comparison, CPD was described as a construct that measured outcomes predominantly at the hospital and individual levels. Four themes related to the relationship between QI and CPD were identified in our analysis: challenges with QI training, adoption of QI into the mental health system, implementation of QI in CPD and goal of practice improvement. Despite participants describing CPD and QI as being mutually beneficial, participants expressed uncertainty about the appropriateness of this alignment within a mental health context in relation to these four identified challenges.

Conclusion

This study identified challenges with aligning CPD and QI in psychiatry and provides a framework for integrating these two domains in mental health.

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Abstract: Poster

MANAGING CHANGE AND STREAMLINING PROCESSES USING AN INTEGRATED LEARNING SYSTEM

Background

Many academic CME providers are dealing with significant changes in the healthcare and accreditation environments, while at the same time efficiently maintaining compliance and providing effective education. The Office of CME (OCME) is expected to adapt to this vision.

Thus, we are implementing a Learning Management System (LMS) to facilitate efficient administration and support effective educational designs and outcomes. Simultaneously, at Jefferson, emerging institutional priorities to improve integration across the enterprise (expressed as “One Jefferson”) are driving additional change.

Methodology

OCME recognized the need to improve its infrastructure to better meet its mission, and successfully obtained institutional funding of a LMS in July 2014. LMS roll-out commences with RSS in Spring 2015, and will rapidly diversify the educational formats Jefferson delivers to its participants. As LMS development and implementation was underway, OCME developed and presented a vision to centralize and grow Jefferson’s CPD programming (at the request of the Vice Provost). We identified key objectives of: obtaining joint IPE accreditation, becoming an MOC Portfolio Site, improving interactions with institutional performance improvement systems, and providing an expanding variety of educational experiences to a rapidly expanding set of internal and external healthcare professionals.

Findings

This is a work in progress. Our poster will discuss implementation successes and challenges with the LMS, and report on progress made in centralizing CPD as part of the One Jefferson vision.

Barriers

Change from traditional systems and processes may prove difficult for some as One Jefferson becomes a reality. We see communication, collaboration, respect and training as keys to success.

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Abstract: Poster
VIRTUAL COPD PATIENT MANAGEMENT SIMULATOR

The Annenberg Center for Health Sciences at Eisenhower (ACHS) developed, in concert with partner Syandus Inc., “The Virtual COPD Patient Management Simulator.” This patient centered application of the Syandus platform enables clinicians to learn within “risk-free,” relevant, accurate and authentic clinical scenarios. This simulation technology is significantly more powerful than other simulation tools currently used in CME because it permits the clinician to choose from among many variables to meet each objective – creating hundreds of “what if” scenarios. The technology combines systems engineering to capture the clinical logic, 3D gaming technology to create responsive intelligent behavior, and modern adult learning methodologies. As a result, it departs from the linear flow of traditional interactive initiatives. Chronic Obstructive Pulmonary Disease (COPD) produces hundreds of potential treatment scenarios for clinicians and adherence challenges for patients. Clinical education often doesn’t lend itself to standard didactics but presents an ideal fit for simulation technology that uses experience-driven learning methodologies. This new best practice simulation framework encourages clinicians to explore the provider/patient interaction and adopt the appropriate therapeutic targets, by working through different virtual clinical scenarios. This approach also relies on patients’ current thinking about COPD, their specific experience with the disease, how they interact with their physician and how well they self-manage their course of treatment (adherence issues, etc.). Clinicians “learn by doing” through case based scenarios and then measure their change in understanding through a final, post activity simulation. The platform can be accessed and installed from, <https://alivemed.com/Topic/46W2/Web/COPD-Treatment>.

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Abstract: Poster
A SYSTEMATIC REVIEW OF WEB-BASED CONTINUING PROFESSIONAL DEVELOPMENT FOR INTERPROFESSIONAL HEALTHCARE PROVIDERS

Background

There has recently been a rapid growth of web-based interprofessional education (IPE) programs for continuing professional development (CPD); yet, there is a paucity of research on the effect on practice.

Objective(s)

To understand the effectiveness of web-based IPE programs for CPD and how the interventions are evaluated.

Methodology

A systematic review was conducted on MEDLINE to identify studies assessing the outcomes of web-based IPE programs in the last decade. Two reviewers abstracted and coded the data using Barr/Kirkpatrick's hierarchy of IPE learner outcomes and the Benefits Evaluation (BE) framework to organize the findings from educational and technological perspectives.

Findings

Twenty-five of 878 articles met the study inclusion criteria. The preliminary analyses suggest that three-quarters (42/57) of the outcomes focused on the first two stages of the Barr/Kirkpatrick Framework (i.e., reactions/satisfaction (15), perceptions and attitudes (12), change in knowledge or skills (15)). Higher order outcomes (i.e., changes in behaviour (10) or organizational practice (15)) were also measured; however, direct benefits to patients/clients were not. Similarly, roughly a quarter (23/85) of the outcomes were categorized as net benefits (quality, productivity, efficiency) in the BE framework, but mainly measured changes in practice. Two studies found efficient use of healthcare resources.

Conclusion

This review suggests that web-based IPE programs for CPD can potentially increase adherence to best practices leading to healthcare system efficiencies. While the frameworks were found to be complementary, a standardized model would increase the understanding of the technology and educational factors involved in effectively delivering these interventions.

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