As your Society President for the past two years, I have been impressed with changes in healthcare delivery and the need for leadership in continuous professional learning. This creates new opportunities for those in continuing medical education to play important roles in navigating the new normal. Clearly, there is a shift from center at our academic institutions to the clinical enterprise. Most of the expanding numbers of clinical faculty are now on the nontenured track and viewed as clinician educators. These changes include considerations of cost of care, perspectives of patients and families who are more diverse, access to care, competencies of providers, and loss of autonomy of physician practices, and less time to direct patient care.

An academic-business tension exists between our roles as educators and scholars with the increasing demands to generate revenue. Managing through this journey in healthcare change requires a mindset shift of championing change from the status quo to more of an institutional team. First, we must recognize reasons in which change fails: too many changes at once with conflicting priorities, no clear vision from leaders, failures by leaders to adapt to change or engage their teams, unclear or one-way communication to team members, and low engagement by team members to buy into change. Once change is introduced by either outside forces or internal decision, there are two stages (disruption and adoption) before improved performance becomes evident. Time and effort expended during these two stages add cost so adaption to change must occur as quickly as possible.

At last year’s SACME’s annual meeting, I introduced the concept of “closing the GAPS” in considering the role of continuing medical education in leading to change.

• Grow in relations with other relevant units in the AMCs.
• Align educational activities to influence learner performance and patient outcomes.
• Provide learning experiences and expertise to support AMC strategic goals.
• Study educational innovations as a better value to our learners.

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To continue this dialog, I suggest what our SACME members need to do at their institutions is to

- Provide planning expertise and logistical oversight to educational conferences.
- Stimulate transformative initiatives in patient care, quality improvement and teaching/learning.
- Design and implement curricula in different learning environments to foster continuous improvement.
- Implement professional-learning experiences and online resources according to the needs of individuals, departments, and organizations.
- Apply rigorous criteria of the ACCME to approve learning experiences for CME credit.
- Promote teaching as a scholarly activity while providing a forum for innovation.

Many of these identified needs as to what we should do will be covered during our 2020 SACME Annual Meeting, “Leading in Change.” Please join us in Miami between February 18-21 at this signature learning and networking event. Many cross-cutting sessions will permit deep dives into leadership issues of interest and importance to the changing scenes in continuing medical education and healthcare. With more scholarly abstract submissions than ever before, this year’s annual meeting promises for you to network with peers and to engage and build relationships with colleagues across the missions of continuous professional development.

We will extend a special welcome to those attending for the first time. We hope that you will take advantage of the many thought-provoking sessions and networking opportunities to compare, share, and reflect. As the only meeting dedicated to scholarly activities in continuing medical education, our sessions will be important opportunities to explore the most timely and relevant issues affecting your program and those we serve. Through the wide variety of scholarly and education formats, you will be able to examine new education-based approaches in leading with complex problems and our changing landscape.

On behalf of the SACME Board of Directors, I wish you a very pleasant holiday season with family, friends, and colleagues.

William F. Rayburn, MD, MBA
President
Society for Academic Continuing Medical Education
ABMS EXPANDS OUTREACH TO STATE MEDICAL AND SPECIALTY SOCIETIES

By Ruth Carol

As part of a larger strategy of constituency engagement, American Board of Medical Specialties (ABMS) leadership have expanded efforts to create ongoing dialog with state medical and specialty societies about the ABMS community’s action plan for addressing the recommendations made by the Continuing Board Certification: Vision for the Future Commission (Commission). (https://www.abms.org/initiatives/achieving-the-vision/)

“ABMS supports the Commission’s recommendations, and believes that the report reinforces alternative assessment programs and other improvements to continuing certification that the Member Boards have made,” said ABMS President and Chief Executive Officer Richard E. Hawkins, MD. “We’re seeking every opportunity to help societies keep their members informed about the advancements in continuing board certification programs.”

To that end, ABMS has created a newsletter directed to state and local medical associations to provide up-to-date information about developments among the boards’ community. ABMS also hosted a series of informational webinars for state and specialty societies and the American Medical Association (AMA) Council on Medical Education in association with the American Association of Medical Society Executives (AAMSE) and Council of Medical Specialty Societies (CMSS) shortly after the Commission report was released.

In addition, ABMS leadership have been meeting directly with state medical and specialty societies as well as local community physicians to get feedback on continuing certification from the perspective of practicing physicians. This year, Dr. Hawkins has met with state medical associations in Connecticut, Delaware, Georgia, Massachusetts, Pennsylvania, and Virginia. He also met with members of the medical staff at Christiana Hospital in Newark, Delaware, one of the largest hospital systems in the state, and Norwalk Hospital in Connecticut. At the AMA Annual Meeting in June, Dr. Hawkins was able to meet with multiple constituencies, including the Council on Medical Education, Residents and Fellows, Young Physicians, Academic Physicians, and Organized Medical Staff Sections as well as AAMSE.

ABMS also has increased efforts to engage in dialog with the specialty societies. In May, Dr. Hawkins presented at the CMSS CEO meeting and the 2019 Internal Medicine Summit, the latter of which was hosted by the American Board of Internal Medicine and attended by leaders from more than 30 specialty and subspecialty societies. In June, Dr. Hawkins participated in the summer meeting of the American Academy of Family Physician’s Commission on Continuing Professional Development. In addition, ABMS staff have been in conversations with specialty society leaders about the implementation of the Commission recommendations, particularly to discuss ways that the boards can collaborate with societies to support physician learning.

“These meetings have proven to be quite productive and informative as we have received valuable feedback from society leadership,” Dr. Hawkins said. “These discussions will continue as physicians and other leaders from many of these societies are now serving on Commission task forces charged with implementing key Commission recommendations.

“All of these opportunities emphasize the importance of working and communicating with external stakeholders,” Dr. Hawkins added. “I am hopeful that they will lead to further collaboration to improve the continuing certification process so that it becomes a system that demonstrates the profession’s commitment to professional self-regulation, offers a consistent and clear understanding of what continuing certification means, and establishes a meaningful and relevant program that brings value to a physician’s practice and meets the highest standard of quality patient care.”

State medical and specialty societies interested in having an ABMS leadership member present at an upcoming meeting should contact Kristin Schleiter, JD, ABMS’ Vice President of Policy, Government Affairs and Strategic Engagement, at kschleiter@abms.org.
Everyday there are countless new medical developments. Clinicians and teams not only need to learn new skills, they need to unlearn what they were taught as student learners so they can keep pace with the rapidly changing healthcare environment. That’s why the work of all of you in the accredited CME community is so important. As our recent data report showed, in 2018, our community of more than 1,700 accredited organizations delivered more than 1 million hours of instruction, close to 180,000 activities, and 36 million learner interactions with a diversity of healthcare professionals and teams.

Behind those numbers are real-world examples of how accredited CME providers are addressing the challenges we face – from clinician well-being to the well-being of our patient communities. One of our strategic goals is to assist CME providers by spreading the word about the value of your efforts to provide education that drives improvements in patient care.

Please read about our recent initiatives below and visit our website, www.accme.org, for additional information. As always, please do not hesitate to reach out and let us know how we can support your work.

LEARNING TOGETHER: NEW REPORT ADVANCES PATIENT INVOLVEMENT IN CME

We are pleased to release Learning Together: Engaging Patients as Partners in Accredited Continuing Medical Education — Report from the ACCME 2019 Meeting. The report summarizes the Learning Together sessions and includes strategies and tips to assist CME providers in developing patient-partner initiatives in their educational programs. As this report shows, patients often become experts in their condition; through sharing their experiences, they can provide feedback and guide educators and clinicians in meeting their needs and priorities. Download the report here: www.accme.org/learning-together.

Patient involvement resources: www.accme.org/patient-involvement-resources.

ACCME AND THE AMERICAN BOARD OF SURGERY ANNOUNCE COLLABORATION

The ACCME and the American Board of Surgery (ABS) have announced a new collaboration that will enable accredited CME providers to register activities for ABS Continuous Certification in the Program and Activity Reporting System (PARS). With this collaboration, the ACCME and ABS aim to increase the number and diversity of accredited CME activities that meet the requirements for ABS Continuous Certification and to streamline the process for ABS diplomates and for accredited CME providers. The collaboration will launch in 2020 and we will provide more details as they become available.

The collaboration with the ABS continues the ACCME’s commitment to supporting physicians’ commitment to lifelong learning and to easing burdens on physicians by enabling them to meet multiple professional requirements by participating in accredited CME. The ACCME has also developed collaborations with these American Board of Medical Specialties (ABMS) member boards: the American Board of Anesthesiology (ABA), the American Board of Internal Medicine (ABIM), the American Board of Ophthalmology (ABO), the American Board of Otolaryngology—Head and Neck Surgery (ABO/HNS), the American Board of Pathology (ABPath), and the American Board of Pediatrics (ABP).

For more information, visit www.accme.org/cme-support-moc.


MAINE JOINS STATE MEDICAL BOARD PROGRAM

We welcomed the Maine Board of Licensure in Medicine and the Maine Board of Osteopathic Licensure to our collaborative program with state medical boards, which also includes the medical boards of North Carolina and Tennessee. The program enables CME providers to report physician participation in accredited CME to the
participating boards via ACCME’s Program and Activity Reporting System (PARS).

Please visit our State Medical Boards Pilot webpage for more information: www.accme.org/state-medical-boards-pilot.

**PROMOTE THE VALUE OF CME: INCLUDE THE ACCREDITED PROVIDER MARK IN YOUR ACCREDITATION STATEMENT**

We encourage CME providers to communicate the value of accreditation to your learners by including the ACCME Accredited or Accreditation with Commendation mark, www.accme.org/accreditation-rules/policies/accme-accredited-and-accreditation-commendation-marks, in your accredited statement, www.accme.org/accreditation-rules/policies/accreditation-statement, as well as in educational materials and other communications. To learn more, read our Publicizing ACCME Accreditation Policy at www.accme.org/accreditation-rules/policies/publicizing-accme-accreditation.

**DATA REPORTS:**

We’ve produced the following reports to demonstrate the scope and value of accredited continuing education.

**ACCME DATA REPORT**

We released the ACCME Data Report: Growth and Advancement in Accredited Continuing Medical Education – 2018. The annual report includes data from a community of 1,750 accredited organizations that offer physicians, healthcare professionals, and healthcare teams a wide selection of continuing education (CE) resources to promote high-quality, safe, and effective care for patients. The data represents the highest numbers accredited organizations have reported to us in more than 10 years: the number of activities, hours of instructions, and interactions with learners have increased.


**ER/LA REMS AND OPIOID ANALGESIC REMS REPORTS**

We released two new data reports showing the scope of continuing education (CE) activities offered by accredited providers within the ACCME System in support of the US Food and Drug Administration (FDA) Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategies (ER/LA REMS) and Opioid Analgesic Risk Evaluation and Mitigation Strategy (OA REMS) www.accme.org/cme-for-fda-remes.

You can download the reports here:


**JOINT ACCREDITATION DATA REPORT**

Joint Accreditation for Interprofessional Continuing Education has published the Joint Accreditation Data Report: Scope and Diversity of Accredited Continuing Education for Healthcare Teams–2018. The inaugural report provides an in-depth picture of the IPCE community, educational activities, and learners.

To read the full report visit, www.jointaccreditation.org/2018datareport.

**ACCME ANNOUNCES VACANCY FOR PUBLIC MEMBER OF THE BOARD OF DIRECTORS**

The ACCME seeks two nominees interested in serving on its 20-member Board of Directors. Directors representing the public have the same rights and responsibilities as all directors. They are full voting members of the Board of ACCME. Because the ACCME believes strongly that its public directors bring an important perspective to the work of our Board, they are charged with monitoring all Board and committee discussions to facilitate the identification of potential conflicts of interest that might arise.

To learn more about eligibility and time commitments, visit the full news release on our website at www.accme.org/news-releases/vacancy-for-public-member-of-board. Nominations must be emailed to dpayne@accme.org no later than May 1, 2020.

**Academic Medicine Article Describes Coalition for Physician Accountability**

“Navigating Tumultuous Change in the Medical Profession: The Coalition for Physician Accountability” pub-continued on page 6
lished in *Academic Medicine*, explains how the national organizations responsible for accreditation, assessment, licensure, and certification have come together to form the Coalition for Physician Accountability. The Coalition focuses on advancing health care, promoting professional accountability, and improving the education, training, and assessment of physicians. The article is co-authored by Humayun J. Chaudhry, DO, MS; Darrell G. Kirch, MD; Thomas J. Nasca, MD; Peter J. Katsufrakis, MD, MBA; Graham T. McMahon, MD, MMSc; Stephen C. Shannon, DO, MPH; and Andrea L. Ciccone, JD. It is available by subscription or purchase only [journals.lww.com/academicmedicine/Abstract/2019/08000/Navigating_Tumultuous_Change_in_the_Medical.19.aspx](http://journals.lww.com/academicmedicine/Abstract/2019/08000/Navigating_Tumultuous_Change_in_the_Medical.19.aspx).

**Learn with Us**

Thank you to everyone who submitted a story about how your organization is changing health-care through CME to share at our upcoming annual meeting. We invite you to save the date for the ACCME 2020 Meeting: Driving Change on May 6-8, 2020 at the Hilton Chicago. Registration opens on our website in early November.

**Connect with Us**

NEW ACCME PODCAST: COFFEE WITH GRAHAM

Join me for a new, monthly podcast series, where we discuss topics that affect clinicians, educators, and healthcare thought leaders in CME today. Episodes chronicle physician burnout, including patients as partners in CME, combating overconfidence in the workplace, and the changing role of CME. Follow us @AccreditedCME or visit the Coffee with Graham webpage to catch each episode as it’s released at [www.accme.org/coffee-with-graham](http://www.accme.org/coffee-with-graham).

**Research Opportunities**

We are excited to offer the CME community the opportunity to access anonymized ACCME data for appropriate research. We are making this data available to support research that assesses the effectiveness of CME, identifies best practices in CME, and is in service to the overall CME enterprise. For more information, visit [www.accme.org/research-opportunities](http://www.accme.org/research-opportunities).

For regular updates on ACCME, please visit our website (www.accme.org), or follow us on Twitter (twitter.com/AccreditedCME), Facebook ([www.facebook.com/AccreditedCME](http://www.facebook.com/AccreditedCME)), Instagram ([www.instagram.com/accreditedcme/](http://www.instagram.com/accreditedcme/)), and LinkedIn ([www.linkedin.com/company/AccreditedCME](http://www.linkedin.com/company/AccreditedCME)). For questions, email info@accme.org.

For regular updates…

Thank you to everyone who submitted a story about how your organization is changing health-care through CME to share at our upcoming annual meeting. We invite you to save the date for the ACCME 2020 Meeting: Driving Change on May 6-8, 2020 at the Hilton Chicago. Registration opens on our website in early November.
Join your peers in Miami on Tuesday, February 18 – Friday, February 21 and hear from leaders in the field of CME as they share their latest research and offer insights into best practices, advancing innovations in education technology, and more.
ABMS Member Boards Engage with Societies on Innovative Knowledge Assessments

By Ruth Carol

The transition to new, formative approaches to the assessment of knowledge and clinical judgment has created unique opportunities for the American Board of Medical Specialties (ABMS) Member Boards and specialty societies to work together to design a future continuing board certification program that is relevant and valuable to all stakeholders, especially board certified physicians and the patients they serve. Many of the 24 Member Boards collaborate with specialty societies to develop continuing certification and/or continuing medical education (CME) activities through which physicians can satisfy Maintenance of Certification (MOC) requirements.

More recently, boards are finding other ways to join forces with societies to develop alternatives to the 10-year exam for board certified physicians who wish to maintain their certification. These alternative approaches are more convenient, practice-relevant, and supportive of physician learning. One example is certification pathways.

This year, the American Board of Internal Medicine (ABIM) rolled out its first Collaborative Maintenance Pathway (CMP) addressing Cardiovascular Disease through a partnership with the American College of Cardiology (ACC). The CMP uses the ACC’s Adult Cardiology Self-Assessment Program (ACCSAP), a five-year, self-paced learning platform that has been supplemented with an annual performance assessment to demonstrate that learning objectives have been mastered. The 2019 ACCSAP performance assessment focuses on Arrhythmias. CMPs in Clinical Cardiac Electrophysiology, Interventional Cardiology, Advanced Heart Failure, and Transplant Cardiology are expected to be made available in 2020. Read more at: https://www.abim.org/media-center/press-releases/abim-acc-unveil-new-option-for-cardiologists-to-maintain-their-board-certification.aspx.

Also beginning in 2020, oncologists will be able to choose a CMP developed through a partnership between ABIM and the American Society of Clinical Oncology. The CMP is a shorter assessment taken every two years that will allow physicians to choose from the specific topic areas of Breast Cancer, Hematologic Malignancies, and General Oncology in 2020 with core oncology topics included as a portion of the assessments. Additional topics are planned in 2022. Read more at: https://www.abim.org/maintenance-of-certification/assessment-information/assessment-options/collaborative-maintenance-pathways/asco.aspx. Development of the CMPs will move forward in parallel with ABIM’s recent announcement (http://blog.abim.org/abim-to-develop-longitudinal-assessment-option/) that it will evolve its MOC program to provide a longitudinal assessment option. Board certified physicians will still have the option of taking the traditional 10-year MOC assessment and the Knowledge Check-In (when applicable) as options to maintain board certification. ABIM will continue to set performance standards and issue certifications, and its current MOC program requirements will remain in place.

The American Board of Obstetrics and Gynecology (ABOG) works with the American College of Obstetricians and Gynecologists (ACOG) on its article-based assessment known as the Performance Pathway. (https://www.abog.org/maintenance-of-certification/moc---four-parts/assessment-of-knowledge-judgement-skills/performance-pathway) ABOG’s Committees and Divisions, made up of subject matter experts in the obstetrics-gynecology specialty and four subspecialties, review and select articles that showcase new studies, practice guidelines, recommendations, and up-to-date reviews. A substantial portion of the selected articles are available online in ACOG’s Obstetrics & Gynecology (also referred to as The Green Journal). ACOG also offers AMA PRA Category 1 Credit™ to its members for completing ABOG’s annual lifelong learning and self-assessment assignments that focus on maintaining knowledge of new and important changes in obstetrics, gynecology, and women’s health care.
Longitudinal assessments come with their own set of opportunities. The American Board of Plastic Surgery (ABPS), which launched its longitudinal assessment (https://www.abplasticsurgery.org/diplomates/continuous-certification-(cc)-program/) earlier this year, is working with specialty societies to consider the knowledge gaps identified during the development of new educational activities. The societies also are providing board certified plastic surgeons with additional reading/educational material related to ABPS’ assessment. The American College of Medical Genetics and Genomics will be providing CME credit for participation in the American Board of Medical Genetics and Genomics’ CertLink® longitudinal assessment. (http://www.abmgg.org/pdf/CertLinkAnnouncement2020.pdf)

ABMS Names 2019-2020 Visiting Scholars

By Ruth Carol

ABMS recently selected four outstanding individuals to participate in its 2019-2020 Visiting Scholars Program.

This year, each Scholar will receive a $12,500 financial award to support the direct costs of research and travel expenses associated with program participation. During the year-long program, ABMS Visiting Scholars remain at their home institutions and participate in monthly interactive webinars with national leaders in medical education, practice regulation, and policy. They attend three in-person leadership meetings, ultimately presenting their research findings before a national audience at the annual ABMS Conference.

The 2019-2020 Visiting Scholars and their areas of interest are:

- Rachel Frank, MD, Assistant Professor, University of Colorado (Denver)—*Is there a Ceiling Effect in Virtual Reality Orthopaedic Surgical Simulators? A Prospective Clinical Trial* (Co-sponsored by the American Board of Orthopaedic Surgery)

- Maya Iyer, MD, MEd, Assistant Professor of Clinical Pediatrics, Nationwide Children’s Hospital (Columbus, Ohio)—*The Procedural Practice Perspective of General Pediatricians*

- Laura Kim, MD, Health Professions Education Evaluation and Research Fellow, VHA National Simulation Center (SimLEARN) (Orlando)—*Exploration of How MOCA Simulations Can Impact Future VA Educational and Policy Efforts* (Co-sponsored by the Office of Academic Affiliations, Veterans Health Administration, U.S. Department of Veterans Affairs)

- Trisha Marshall, MD, Pediatric Hospital Medicine Fellow, Cincinnati Children’s Hospital Medical Center (Cincinnati)—*Developing Tools to Identify Diagnostic Uncertainty in the Electronic Health Record* (Co-sponsored by the Gordon and Betty Moore Foundation)

Launched in 2014, the one-year, part-time Visiting Scholars Program supports early career physicians and researchers in scholarship and leadership development in the fields of physician education, training, and assessment, continuing professional development, quality improvement, and federal health policy. To date, 29 Visiting Scholars have participated in the program.

It was the seventies, a late-in-the-day visit, open-ended so that patients (and the doctor) didn’t have to worry about the press of other patients in the waiting room. Mrs Majumdar, new to Canada, had brought in her ten-year-old son, Nabil, somewhat frightened by the experience. “He is not wanting to learn anything,” she said. Not that he was failing (he was), or having a bad time in school (he was), or that she was worried about his eyesight (she wasn’t). None of that; he was simply not wanting to learn.

Why is this a problem? I thought, condescension creeping into my question: “Have you tried to figure out why Nabil’s, er, not liking school?” Of course she had. Mrs M pulled herself up to her full five-foot-nothing height, wrapped herself in her sari, and said something like, “Dr Davis, I have a master’s degree in education. I have taught high school in my country for a dozen years, and volunteer in the local school system. I understand education and learning. Nabil is not wanting to learn! Every child – every adult – has natural desire to learn. His is gone!” She snapped her fingers to show how quickly it had vanished. She was adamant. She was also right.

More about Nabil in a minute.

Fast forward twenty years. Somewhat disenchanted with a suburban, worried-well mill of a practice, I joined an inner city community health center, re-discovering – in spades – what Mrs Majumdar meant about adult learning. Among other things, we were the city’s default HIV-AIDs clinic, and the learning that disease required, just by itself, checked off all the boxes: knowledge about new medications and management strategies; skills to recognize the signs (X-ray changes, fundoscopy signs; skin...
lesions); and (also in spades) attitudes. Helping young patients (too young! Too many!) die in comfort and dignity, since that’s all we had to offer in the eighties and early nineties. HIV-AIDS’ gifts were difficult lessons but powerful learning – team-oriented, patient-centered, continuous, workplace-based, coached and mentored.

*Fast forward forty years, maybe more.* For me, the question of “Are you retired?” (to which I really don’t have an answer) unleashed another question: “What do you learn when you don’t have to learn anything?” It’s a kind of test. For me, retirement has meant pursuing one of my loves, creative writing, and – in turn - learning about the publication business, about marketing books, about novel length and structure. About taking fairly serious criticism as though you weren’t your work. And, in writing my first novel, learning lots: about the Mayans; about particle physics and the Big Bang theory (not the TV show). About the Washington Post. About parallel universes. Oh heck, read the novel; you’ll see what I mean.

A friend of mine signs his emails with this aphorism from Gandhi, the great Indian figure (Mrs. Mujumdar’s country of origin, by the way.) “Live as though you’ll die tomorrow. Learn as though you’ll live forever.” It occurs to me that that’s our job as CPD providers – facilitating the learning process, providing resources, showing the way, providing feedback, guiding, like a docent. Funny: forty years as a CPD provider and it’s in retirement that I really see our role.

*Back to Nabil.* I saw him recently. I was traveling to Toronto early one morning, half-asleep, walking into the city’s huge Union Station concourse, the size of a football field, with ten thousand other commuters. There he was, big as life, his dark skin no longer a rare sight in Toronto, the most cosmopolitan city on the planet. He was a dozen meters ahead of me, heading out the door to Bay Street (Canada’s Wall Street). He was tall, well-dressed, confident (a lot like his dad, I remembered). He carried a brief-case, possibly a successful businessman or lawyer, or stock broker. A CEO maybe. Not able to speak to him, I remembered the subsequent school visit, and the intervention of an astute principal. I especially remembered Nabil’s teacher, a subtly racist individual spreading his disdain for non-whites (non-Canadians, he called them). I remember Nabil’s changing class, his teacher gone, his school experience improving and he – the new Canadian - thriving. Across the packed concourse, I wished Nabil well, offered a kind of silent thanks to Mrs Majumdar and her advocacy.

She taught me a lot. She helped me be a better doctor, maybe a better CPD provider. Maybe even a better novelist, though you’ll have to tell me that.

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**NEW CROSS CONTINUUM CONSULTANT IN MEDICAL EDUCATION TO SUPPORT STRATEGIC INITIATIVES AND PARTNERSHIPS**

By Nancy Davis, PhD

The Association of American Medical Colleges is delighted to announce the appointment of Nancy Davis, PhD, as the Cross Continuum Consultant in CME/CPD to the Medical Education Strategic Initiatives and Partnerships team. Dr. Davis is Associate Dean, Continuing Professional Development at the University of Kansas School of Medicine; Associate Dean, Faculty Affairs and Development (Wichita campus); Director Maintenance of Certification Portfolio Program; and Professor in the Department of Family and Community Medicine. In this role, she will partner with two fellow Cross Continuum Consultants in Undergraduate and Graduate Medical Education to support the design and implementation of strategic initiatives at the AAMC.

*Nancy Davis, PhD*  
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NELLIGAN William David Nelligan III “Bill” Passed away peacefully on July 23, 2019. He was 92 years old. Born in Halstead, KS on August 10, 1926, he was the son of the late William David II and Katharine [Roberts] Nelligan. He lived in Halstead until the fall of 1944 when he began schooling at Wichita University in Wichita, KS. In the fall of 1946 and until his graduation in the spring of 1949, he resided in Lawrence, KS and attended the University of Kansas William Allen White School of Journalism. After graduation, he was on the advertising staff of the Kansas City Star in Kansas City, MO. In 1951 he accepted a position in Garden City KS as Manager of the University of Kansas Southwest Kansas Extension Center. He held that position until January 1955. He and Dorothy Nelle Meyer married in Garden City in 1952. The family moved to Prairie Village, KS in 1955 at which time he took a position at the University of Kansas School of Medicine in Kansas City, KS as Executive Director of the School’s Department of Postgraduate Medical Education. In 1964 he and his family, by then his wife and three sons, moved to Augusta, GA where he served for one year as Assistant to the President, Medical College of Georgia and Director of the Postgraduate Medical Education Department. Mr. Nelligan’s long and distinguished career in the field of association management began in 1965 when the officers of the American College of Cardiology asked him to assume the position of Executive Director [eventually Executive Vice President] of the then 2,200 member American College of Cardiology with offices in Bethesda, MD. By the time he retired in 1992, the membership of the College exceeded 25,000 members world-wide. Mr. Nelligan and his wife traveled extensively throughout the world during his tenure with the American College of Cardiology, visiting six continents and including trips to China and the Soviet Union in the 1970’s. For two years, 1992 - 1994, Mr. Nelligan was employed in Kansas City, MO by the Marion Merrell Dow pharmaceutical company as Vice President for Professional Education and Scientific Communications. He intended to fully retire in June 1994, then accepted the position of Executive Director of the new American Society of Nuclear Cardiology with offices in Bethesda, MD. He served in that position from 1994 to 2001 and in 2001 he agreed to serve the Certification Board of Nuclear Cardiology as it’s Executive Director with offices in Damascus, MD. In 2005 he sought less work-related duties and served as Executive Director of the Society of Cardiac Computed Tomography, again in Damascus, MD. Since mid-2007 he has been fully retired and he and his wife lived at the Village of Rockville, MD where he accepted several voluntary duties. In the period after his 1992 retirement, Mr. and Mrs. Nelligan continued to travel extensively throughout the world. His appointments and elections during his career include serving as a Member of the National Commission on Diabetes [NIH], Member of the National Diabetes and Digestive and Kidney Diseases Advisory Council [NIH], Member of the Prevention, Education, and Control Advisory Committee of the National Heart, Lung, and Blood Institute [NIH], Member of the Committee on Research Policy of the American Diabetes Association, Member of the US Information Agency’s Private Sector Medical Science Advisory Committee, Member of the National Advisory Council of Mended Hearts, Member of the Board of Directors of the Friends of the National Library of Medi-
cine, President of the American Association of Medical Society Executives, National Treasurer of the American Medical Writers Association, Secretary-Treasurer and Vice Chairman of the American Society of Association Executives, Honorary Member of the British Cardiac Society, Honorary Member of the Canadian Nuclear Cardiology Society, Life Member of the Board of Directors of the Arthur E. Hertzler Research Foundation, President of the Professional Convention Management Association and Charter Member of the Society for Academic Continuing Medical Education. His honors include “Man with a Heart” Award from the New York Cardiological Society, Presidential Citation from the American College of Cardiology, Harold Swanberg Distinguished Service Award from the American Medical Writers Assn., Key Award for Chief Staff Executives from the American Society of Association Executives, Distinguished Service Award from the Mid-Atlantic Chapter of the American Medical Writers Association, Distinguished Service Award from the American College of Cardiology, Hall of Leaders Honoree from the Convention Liaison Council, Distinguished Service Award from the Professional Convention Management Association, Association Executive of Year [1992] from the Association Trends News Magazine, Citation of a Layman for Distinguished Service from the American Medical Association and 20-year Certificate of Appreciation from the Society of Directors of Continuing Medical Education. At the time of his retirement in 1992, he was the only non-medical doctor to be honored with a Fellowship in the American College of Cardiology. Mr. Nelligan is survived by his loving wife of 66 years, Dorothy Nelle [Meyer] Nelligan, sons, Richard Nelligan of Grovetown, GA, Arthur Nelligan and his wife Sharon, of New Windsor, MD and Mark Nelligan and his wife Kathy, of Laytonsville, MD; grandchildren, Katie Nelligan of New Windsor, MD, Austin Nelligan and his wife, Megan, of New Windsor, MD, Patrick Nelligan and his wife, Tera of Grovetown, GA, Jackie Nelligan of Bethesda, MD, Alexandra Nelligan of Bethesda, MD and Isabel Nelligan of Laytonsville, MD; two great-grandchildren, Liam Nelligan of New Market, MD and Ava Nelligan of Grovetown, GA; his nephew, Jon Lasiter and his wife, Gina, of Stockton, CA; his nieces, Kathy Dunback and her husband, Steve of Belleville, KS, Patsy Meyer-Williams of Salina, KS, Emily Grimes and her husband, Rodger of Mansfield, TX, and Melanie Hubbard of Ft Worth, TX and a host of other relatives and dear friends. He was preceded in death by his younger sister, Katy Nelligan Lasiter and his granddaughter, Rachel Nelligan. Mr. Nelligan was a member of the Halstead, Ks. Masonic Lodge for nearly 70 years. He was a member of the Damascus United Methodist Church in Damascus, MD. A Memorial Service will be held August 30, 2019 at the Damascus United Methodist Church, 9700 New Church Street, Damascus MD, 20872 at 11 a.m. The Rev. Walt Edmonds will officiate. Mr. Nelligan’s body has been cremated and his ashes will be buried by the family in a private ceremony. The family requests that, in lieu of flowers, any donations in his honor be made to the Damascus United Methodist Church at the address listed above or to the Dayspring Church, 11301 Neelsville Church Road, Germantown, MD 20876.

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Members In The News

Suzanne Ziemnik, MEd is the 2020 Chair of the Board of Directors, Accreditation Council for Continuing Medical Education (ACCME).

Nancy Davis, PhD is the Senior Consultant for Continuing Medical Education for the Association for American Medical Colleges (AAMC).

Dave Davis, MD is the author of the new science fiction thriller A Potter’s Tale (on Amazon).

Standard delivery formats for CME may have limited impact on long-term practice change. A community of practice (CoP) is a tool that may support knowledge transfer and continued practice change. In this prospective cohort study of participants that did and did not participate in a CoP on tobacco addiction treatment (TEACH), those that used the TEACH CoP had greater engagement in knowledge transfer and implementation of new programming after training. CoPs offer a mechanism to promote and sustain practice change on focused areas of clinical interest. (Barker M, Lecce J, Ivanova A, Zawertailo L, Dragonetti R, Selby P. J Contin Educ Health Prof. 2018 38(2):86-93. doi: 10.1097/CEH.0000000000000191.) PMID: 29461308

Achieving educational mission and vision with an educational scorecard.

When individual faculty contributions are uncoordinated and self-directed, achieving an academic section’s educational mission and vision can be difficult. Six medical educators and 14 experts developed and evaluated an educational scorecard. The scorecard resulted in sectional and individual strategies which led to a more balanced educational impact. An educational scorecard is a useful way for academic groups to communicate educational goals, engage faculty, and make strategic decisions for their educational mission and performance improvement. (Huntington J, Dick JF, Ryder HF. BMC Med Educ. 2018 Oct 29;18(1):245. Doi:10.1186/s12909-018-1354-4.) PMID: 30373590

Late-career faculty: a survey of faculty affairs and faculty development leaders of U.S. medical schools.

Over one-third of full-time faculty at U.S. medical schools are 55 years or older, higher than the general population. Their long-standing contributions in clinical care, education, and scholarly activity are noteworthy. In this survey of medical school faculty affairs deans and leaders, 52.4% disagreed or strongly disagreed that retirement planning and support was a top priority of their offices with less than half having an institutional retirement policy. There is a gap between the needs and values of a growing group of late-career faculty and the priorities of their institutions. (Skarupski KA, Dandar V, Mlona E, Chatterjee A, Welch C, Singh M. Acad Med. 2019 Jun 18. Doi:10.1097/ACM.0000000000002849.) PMID: 31219814

Systematic review of randomized controlled trials on the role of coaching in surgery to improve learner outcomes.

Surgical coaching to improve operative performance is being utilized more in residency and fellowship programs. This systematic review of randomized controlled trials was performed to answer the question, “What are the effects of surgical coaching to improve learner outcomes? The evidence of surgical coaching was positive, with surgical coaching being associated with higher levels of learner satisfaction and improvement in skills and knowledge. (Gagnon LH, Abbasi N. Am J Surg. 2018 216(1):140-146. Doi: 10.1016/j.amjsurg.2017.05003.) PMID: 28622840.

Student and faculty perceptions: appropriate consequences of lapses in academic integrity in health sciences education.

Academic dishonesty can occur with students in health sciences educational programs and may persist in professional practice. This study explored faculty and students’ perception of consequences for academic dishonesty with an anonymous survey. Although there was agreement between perceived seriousness and consequences of clinical cases, faculty and students disagreed in their perception of the severity and consequences of non-clinical academic dishonesty scenarios. Guidelines should be developed for both non-clinical and clinical settings to ensure academic integrity, which may include an honor code for clinical situations. (Keener TA, Galvez Peralta M, Smith M, Swagger L, Ingles J, Wen S, Barbier M. BMC Med Educ. 2019; 19(1):209. doi.10.1186/s12909-019-1645-4.) PMID: 31196066


This systematic review compared effectiveness of electronic recording with paper-based recording of clinical skills assessments for health professional learners. Five
observational cohort studies were included from 2,264 studies identified. For entry-level health professional students, electronic assessments were more time efficient and helped prevent missing data. Both the quality and quantity of student feedback increased with electronic assessment. Electronic assessment takes less time to complete and provides higher quality feedback to students. (Phillips A, Fryer C, Mackintosh S, Ng I, Gibbs C. Med Teach. 2019;16:1-9. doi:10.1080/0142159X.2019.1623387.) PMID: 31203731

Snippets: an innovative method for efficient, effective faculty development.

Snippets are short (usually 20 minutes, 10 slides or less) overriding communications that are relevant to the role and work of the individual to influence learners-students and residents- in their delivery of patient care. Four steps to develop a snippet involve selecting a relevant topic, determining key points, selecting an activity for learning, and formulating take-home points. Faculty members who participated in workshops at several medical schools describe examples in which this model has been incorporated successfully. (Bar-on M, Konopasek L. J. Grad Med Educ. 2014; 6: 207-10. doi: http://dx.doi.org10.4300/JGME-D-13-00362.1) PMID: 24949121

Quality improvement models in residency programs.

Considerably more attention is now being placed on resident and faculty education in quality improvement (QI) activities. This perspective summarizes observations about QI training at the University of California San Francisco and University of Colorado. The four models of QI projects hinge on whether the projects are aligned with clinic priorities and involve interprofessional teams. This approach to self-assess adherence to requirements for resident QI projects is intended for graduating physicians to view QI as an integral part of their patient care in a team setting. (Bodenheimer T, Dickinson W, Kong. J Grad Med Educ. 2019; 11: 15-7. doi:10.4300/JGME-D-18-00556.1.) PMID: 30805091
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