

## SPRING MEETING 2001 A SUCCESS

The SACME Spring Meeting “Celebrating 25 Years of Service to the Profession” was held April 3-7, 2001 in Lexington, Kentucky. The meeting, attended by approximately 65 people, contained a stimulating mix of plenary, small group, and

discussion sessions. These were complemented by congenial group meals and social activities. A special thank you to Jane Howell, MA, for her excellent on-site organization of this meeting and to Rynda Gibbs, MPA, and the Program Committee, for putting together an outstanding program.



At the Business Meeting on April 6 Jack Kues (left) presents Trish and Paul Lambiase with an engraved stone of appreciation for Paul's service as President of SACME. The stone is being re-engraved to correct the spelling in Paul's name.



A flavor of the culture of Lexington was received as SACME members visited the Kentucky Horse Park and the Man O'War Memorial. The centerpiece of the memorial is a status of the famous horse sculpted by Herbert Haseltine.

## “BEST PRACTICES” SESSIONS PROVIDED FOOD FOR THOUGHT; RECEIVED HIGH RATINGS

After a successful trial run at the Fall 2000 AAMC meeting, the SACME program committee requested submission of abstract briefs for “Best Practices” to be presented at the spring meeting of the Society for Academic CME in Lexington, Kentucky on Thursday, April 5, 2001.

Evaluations of this session were excellent, with Society members requesting additional time for interaction with the presenters.

CME Best Practices reflected positive impacts/creative directions in the areas of education, administration and/or research and addressed potential contributions to the advancement of the profession. Detailed abstract presentations can be referenced on our website at [http://www.sacme.org/members\\_only/best\\_practices\\_2001\\_abstracts.htm](http://www.sacme.org/members_only/best_practices_2001_abstracts.htm).



Jane Howell organized a delightful bluegrass and horse farm tour for participants of the SACME spring meeting in Lexington, Kentucky.

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## THE EDITOR NOTES

Many years ago I gave up editing newsletters and swore I would never do it again. Clearly, I need to have my head examined as I find myself immersed in this task once again. Although I would like to blame our persuasive past president for charming me into this, ultimately I must take responsibility for saying yes.

Why did I say yes? I think that one of the reasons is that from the very beginning of my CME career, SACME members have been welcoming, warm, and inclusive. Even as a novice I looked forward to SACME meetings more than any others because I felt I was among friends and with people who understood my environment, our issues, and with whom I had the most in common. Taking on this responsibility will now afford me the opportunity of giving something back.

Having said all this, a newsletter does not work unless the readers contribute. I therefore ask, beg, implore, plead, request, entreat, solicit, beseech, and supplicate that you send in articles, announcements, opinions, and other news of note for inclusion in *Intercom*. Our goal is to publish the newsletter three times a year—in June, October, and February.

In closing, I wish to thank the Associate Editors for agreeing to be part of the team and I am especially grateful to the contributors to this issue who took the time and effort to get us off to a good start.

Warm regards,

Joyce Fried

## FROM THE PRESIDENT

THE SCHOLARLY PRACTICE OF CME  
BY BARBARA BARNES, M.D., MS

The spring SACME meeting was energizing and thought provoking. As we discussed the importance of translating research into the practice of CME, criteria for membership in the Society, relationships with other organizations, and the role of CME in the continuum of medical education and maintenance of competency it became clear that we are at a critical juncture in our field. It is also evident that we need to establish a vision for our organization, understanding how we can contribute to the development of a new model of continuing professional development for physicians.

SACME has spent a lot of time in the last few years talking about who we are and how we relate to other constituencies in CME. The decision to change our organization's name from the Society of Medical College Directors of CME to the Society for Academic CME was based on the realization that we are defined not by where we work but rather by what we do and how we think about our work. What does it mean to be "academic" CME professionals? Certainly this involves more than just providing CME activities and credits. The characteristics of scholarship<sup>1,2</sup> offer a mechanism for understanding how we might describe our roles and chart our future.

- *Discovery:* We must create new knowledge and construct theoretical models that explain how physicians learn and change. We have a wealth of literature to build upon but many questions remain. Investigation must be funded and new generations of investigators trained in order to accomplish this goal.

- *Integration:* As we reflect on the limitations of traditional CME and attempt to understand the implications of the ACGME/ABMS competencies, we realize that we must share our intellectual capital with other disciplines and, in turn, learn from their literatures and



experiences. Our success will be determined by the ability to collaborate with colleagues in areas such as quality improvement, health services research, and public health as well as those from other parts of the medical education continuum.

- *Application:* Considerable discussion at the spring meeting related to the need to translate our theory and research into the practice of CME. The presentations at the best practices and RICME sessions provided numerous examples of how this might be done. Many folks left these sessions saying "I finally understand how I can begin to do this in my own department." SACME members can function as a North American laboratory for learning how to deliver effective CME.

- *Teaching:* We must accept responsibility for helping other colleagues in our field apply the principles of learning theory and the results of educational research. In addition, physicians need our support to make their continuing professional development more effective and efficient.

In order to accomplish these goals a variety of strategies must be employed<sup>3</sup>:

### INTERCOM

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- *Dissemination:* JCEHP, the RDRB, the list serve and the web site have proven to be valuable mechanisms for sharing information and improving access to our literature. The listing of the journal in Index Medicus will significantly enhance access to our work. It is critically important that we support JCEHP by contributing articles and, in cooperation with the other parent organizations, assure its financial stability.

- *Reflection and critical evaluation:* It is incumbent on us to form a learning community that grows as a result of sharing both successes and failures. The ability to objectively assess the outcomes of activities and programs will enable us to lead the changes that are necessary to make CME effective and relevant to the new mandates for maintenance of physician competency and improved health care outcomes.

- *Commitment to professional standards:* Scholarship requires not only academic expertise but also a willingness to develop and abide by a code of ethics assuring that the knowledge which is generated and disseminated is not influenced by constituencies that might stand to benefit financially or otherwise from changes in physician practice. This does not mean that we should avoid relationships with commercial entities. However, it is incumbent that our activities be focused on improving the quality, accessibility and cost-effectiveness of health care rather than advancing the proprietary interests of sponsoring organizations or external funding sources.

Must every SACME member practice all of the elements of scholarship? Not necessarily. What is needed is a commitment to these principles as well as participation in the areas that are consistent with the strategic interests of one's institution, available resources, and personal areas of expertise. SACME is an umbrella that can amalgamate our individual contributions and advocate for their application in order to enrich and advance our field and the learners we serve. Our future success will be determined by our ability to attract a membership diverse in expertise but united in the commitment to the scholarly practice of CME. It is an exciting time to be in our field and I look forward to working with you in the next year.

<sup>1</sup> Boyer EL. Scholarship reconsidered: priorities of the professoriate. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching, 1990.

<sup>2</sup> Glassick CE, Huber MT, Maeroff GI. Scholarship assessed: Evaluation of the professoriate. San Francisco, CA: Jossey-Bass, 1997.

<sup>3</sup> Glassick CE. Boyer's expanded definitions of scholarship, the standards for assessing scholarship, and the elusiveness of the scholarship of teaching. *Acad. Med.*, 2000;75:877-80.



The members of the 2001-2002 SACME Board who were present at the Business Luncheon on April 6 included, from left: John Boothby, John Kues, Barbara Barnes, Nancy Davis, Deborah Holmes, Bart Galle, and Paul Lambiase.

## SOCIETY FOR ACADEMIC CONTINUING MEDICAL EDUCATION BOARD MEMBERS, 2001-2002

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# RESEARCH COMMITTEE NEWS

By Nancy Davis, Ph.D.

The SACME Research Committee is bustling with activity. Some highlights follow:

## RICME

The Research in CME session at the Spring meeting was successful with 10 abstracts presented. This year a new twist was added with several “best practices” presentations blended with research abstracts. A new RICME focus is to provide a forum where members can translate research into practice. Another new feature this year was on-line submission of proposals and posting of abstracts to the SACME website. Thanks to Jan Temple, Ph.D., who did a wonderful job of coordinating RICME this year.

The winner of the first annual Robert Fox Award for best abstract was Michael Allen, M.D., Dalhousie University, for “Problem-based, Small-group Continuing Medical Education by Videoconference.”

## Summer Research Institute

*Developing Expertise in the Investigation and Evaluation of Physician Learning and Change* is the title of the 2001 Summer Research Institute to be held at the University of Calgary, Calgary, Alberta, Canada, June 24-29.

The format will include morning didactic sessions on research skills followed by afternoon workshops and individualized work with mentors who are experts in CME research. Topics include:

- Framing the Research Question
- Literature Searching Techniques and Critical Appraisal of Literature
- Quantitative Research Skills
- Qualitative Research Skills

- Dissemination of Results: Presentations, Posters and Publications
- Obtaining Financial Support for Research
- Individualized Research Development Plan

Participants are encouraged to bring their research questions or projects in progress for development. In addition to learning new skills and the opportunity to develop a research project, participants will enjoy the fresh air, long hours of sunlight, and the beauty of Calgary. Working with old friends and making new ones is a wonderful by-product of the Institute. The option of staying in University of Calgary dorms and a discounted registration fee for SACME members make the Institute a real value. Brochure and registration materials available at [www.sacme.org](http://www.sacme.org). For further information, contact the SACME Secretariat, [sacme@primemanagement.net](mailto:sacme@primemanagement.net), (205) 978-7990; Nancy Davis, Ph.D., [ndavis@aafp.org](mailto:ndavis@aafp.org); or Jocelyn Lockyer, MHA, [lockyer@ucalgary.ca](mailto:lockyer@ucalgary.ca).

## SACME Research Collaborative

Members of the Collaborative have been working hard since Spring 1999 on a multi-

site project to study physicians’ perceived value of traditional CME. Using qualitative methodology, the group has completed the pilot study and is working on final data analysis. With the assistance of Cathie Scott, University of Calgary, a coding scheme was developed with several interesting emerging themes. Principal Investigator, Jack Kues, Ph.D., presented preliminary data at the Spring RICME session. The final report is expected in Fall 2001. Members of the collaborative are Jack Kues, Ph.D., University of Cincinnati; Mark Cheren, Ed.D., Case Western Reserve University; Nancy Davis, Ph.D., American Academy of Family Physicians; Mark Gelula, Ph.D., University of Illinois-Chicago; and Rynda Gibbs, MPA, University of California, San Diego. Sheila Walsh, Wayne State University, has recently resigned from the university and the collaborative.

## Fall Research Workshop

The Committee decided to provide a research skills workshop again this fall in conjunction with the AAMC/SACME meeting in Washington, D.C. Scheduled for Friday, November 2, 2001, the workshop will emphasize the use of focus groups in outcomes measurement for CME.



Nancy Davis presented a plaque to Michael Allen, winner of the first annual Robert Fox Award for best abstract.

# CME SECTION OF GEA PLAYS ACTIVE ROLE

By Joseph S. Green, Ph.D.

National Chair of the CME Section of the Group on Educational Affairs of the AAMC

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Continuing medical education was well represented at the 2000 AAMC Annual Meeting. The CME section of the Group on Educational Affairs (GEA) presented two successful plenary sessions at the meeting. The first one, "Measuring Competencies in CME Across the Continuum of Medical Education," included presentations by Henry Pohl, M.D., Senior Associate Dean for Education Programs, Albany Medical College; Jeanne Heard, M.D., Assistant Dean for Graduate Medical Education, University of Arkansas for Medical Sciences; Joan Friedland, M.D., MPH, Associate Professor of Medicine, Baylor College of Medicine; and Ed Hundert, M.D., Dean, University of Rochester, School of Medicine and Dentistry. The second activity, "How Do We Proceed: Parallel Accrediting Systems" included presentations by Michael Whitcomb, M.D., Senior Vice President, AAMC; James Hallock, M.D., Dean, East Carolina University; and David Leach, M.D., Executive Director, ACGME. These sessions were planned and presented as joint activities with SACME, assuring input from the full academic constituency in CME. In addition to the plenary sessions there were a number of Research in Medical Education (RIME) presentations, workshops, and small group discussions that focused on CME. The plenary sessions in particular highlighted new challenges for CME including its importance in the continuum of medical education and the increasing focus on lifelong competency.

In December 2000, *Academic Medicine* published an article "Continuing Medical Education: A New Vision of the Professional Development of Physicians". This article was developed in cooperation with a task force convened by the AAMC in which the authors described their vision of what academic CME should be in the changing healthcare environment. They also provided their view on how the AAMC has and can continue to help CME be more effective in the professional development of physicians. The authors included Nancy L. Bennett, Ph.D., Harvard University; Dave Davis, M.D., University of Toronto; William Easterling, Jr., M.D., University of North Carolina; Paul Friedmann, M.D., Bay State Medical Center and Tufts University; Joseph S. Green, Ph.D., Duke University; Bruce M. Koeppen, M.D., Ph.D., University of Connecticut; Paul E. Mazmanian, Ph.D., Virginia

Commonwealth University; and Herbert S. Waxman, M.D., American College of Physicians-American Society of Internal Medicine. Dr. Deborah Danoff, AAMC, assisted in the task force's deliberations.

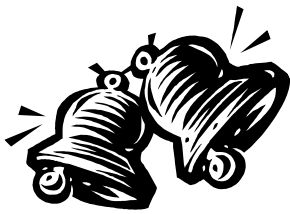
The article in *Academic Medicine* and the AAMC Annual Meeting plenary sessions will form the foundation for a series of new activities for the CME section of the GEA. These activities will include:

- Work to understand what medical school CME operations are currently doing to meet these new imperatives for CME.
- Identify best practices so that schools can learn from each other and increase their value to the broader medical school missions.
- Explore the systems changes that will be necessary to encourage and support the new vision of CME.

The CME section is also participating actively in the GEA professionalism project. A task force under the leadership of Ellen Cosgrove, M.D., Associate Dean for CME, University of New Mexico is reviewing the literature on professionalism and identifying key articles on this topic. Their report will be incorporated into a GEA document to be discussed at forthcoming regional meetings.

There will be CME section meetings at each of the GEA regional meetings. These sessions will provide time to review the current and future initiatives of the CME section as well as assure that the CME community has active input into all aspects of the GEA. For more information about any of the activities of the CME section contact Deborah Danoff, M.D., AAMC liaison at [ddanoff@aamc.org](mailto:ddanoff@aamc.org) or (202) 828-0982 or me at [green106@mcduke.edu](mailto:green106@mcduke.edu).

*Visit the SACME Website at*  
[www.sacme.org](http://www.sacme.org)



# SOCIETY CELEBRATES



*This group photo was taken 25 years ago and includes all members who signed the charter of the newly created society.*

## A LOOK AT THE PAST AS WE ANTICIPATE AND SHAPE THE FUTURE

By Phil R. Manning, M.D.

While April 2, 2001, is the twenty-fifth anniversary of the formal founding of our Society, informal meetings took place several years before. In 1960, Albert Sullivan of the University of Minnesota organized an informal meeting of CME directors. Dr. Richard Caplan remembers that the theme of the meeting was "How to get medical schools involved in CME." Frank Woolsey of Albany organized a similar meeting later that year. Rising and Robert Neth of the University of Kansas organized a retreat that met annually in the Fall, beginning in 1967. Tom Meyer of the University of Wisconsin and CME offices from the Universities of Michigan and Missouri also hosted informal get-togethers. These meetings were so popular that I organized meetings in Palm Springs in late Winter. Our East coast and Midwest colleagues were delighted with the Palm Springs venue, which served as a respite from inclement climactic conditions.

The format of our first meeting, like the Rising/Neth retreat, had no agenda. Colleagues simply brought up problems that they were facing for others to offer possible solutions. The informal discussions were extremely useful in gaining practical information on continuing medical education, which was then almost entirely centered in courses. Thus, the discussions focused mainly on teaching skills and organization, content, advertising, and evaluation of the courses. At the suggestion of the attendees, the second meeting had a loose agenda, but the spontaneity was well preserved. At subsequent meetings, we frequently invited an expert in education or the budding field of quality assurance as a guest consultant. Professor Cyril Houle of the University of Chicago, and consultant to the W.K Kellogg Foundation, Alan Knox Professor of Continuing Education of the University of Illinois, Daniel Hammett, and Clem Brown were outstanding guests.

After we met four or five times in Palm Springs, the group decided to establish a formal organization to gain national recognition for the CME movement. Frank Woolsey, Associate Dean of Continuing Education at Albany had been seeking formal status for continuing education within the Association of American Medical Colleges. At the time, I did not consider a formal organization necessary because I believed our main purpose was a continuing education mechanism for those of us

### SMCDCME/ SACME PAST PRESIDENTS

- 1976 Phil R. Manning, M.D., University of Southern California
- 1977 Phil R. Manning, M.D., University of Southern California
- 1978 Robert C. Combs, M.D., University of California, Irvine
- 1979 Gail Bank, Ph.D., Wayne State University
- 1980 Malcolm Watts, M.D., University of California, San Francisco
- 1981 Richard M. Caplan, M.D., University of Iowa
- 1982 George J. Race, M.D., University of Texas, Dallas
- 1983 Gerald H. Escovitz, M.D., Medical College of Pennsylvania
- 1984 Oscar A. Thorup, M.D., University of Virginia
- 1985 Julian S. Reinschmidt, M.D., Oregon Health Sciences University
- 1986 Harold A. Paul, M.D., Rush Medical College
- 1987 Dennis K. Wentz, M.D., Vanderbilt University
- 1988 W. Dale Dauphinee, M.D., McGill University
- 1989 Robert J. Cullen, Ph.D., Case Western Reserve University
- 1990 James C. Leist, Ed.D., Bowman Gray School of Medicine
- 1991 Jack L. Mason, Ph.D., University of Maryland
- 1992 Martin P. Kantrowitz, M.D., University of New Mexico
- 1993 R. Van Harrison, Ph.D., University of Michigan
- 1994 George Smith, M.D., University of Alabama
- 1995 Gloria Allington, M.S.Ed., University of Miami
- 1996 William Easterling, Jr., M.D., University of North Carolina-Chapel Hill
- 1997 David Davis, M.D., University of Toronto
- 1998 Meryl Haber, M.D., Rush-Presbyterian-St. Lukes Medical Center
- 1999 John Parboosingh, M.D., University of Ottawa
- 2000 Paul J. Lambiase, University of Rochester



# 25TH ANNIVERSARY



in the field. Nevertheless, Dr. Owen Pick from the University of Nevada crystallized the desires of the “non-organization” members by recommending that a formal structure be organized. I was appointed to determine how this might best be done. William Ruhe and Rutledge Howard of the American Medical Association volunteered the assistance of B.J. Miller, a lawyer for the AMA, with the legal aspects of the various possible arrangements. When Bob Richards of the University of Michigan, Robert Combs of the University of California at Irvine, and Gail Bank and I visited Miss Miller at the AMA headquarters, she suggested that we form a voluntary service organization similar to that of the AFL, since that would give us the fewest organizational headaches.

At the AAMC Annual Session in 1975, during the last meeting of the “non-organization,” a vote was taken to decide if the Society should be established formally. The “yes” response was overwhelming, with only two of our illustrious colleagues dissenting. Bob Combs developed the bylaws, and the charter meeting was held in La Costa, California, April 2, 1976. Bob Combs presented the well-worked-out initial bylaws. The group elected me as the founding President, a post that I held for two years at Bob’s recommendation.

Naming of the Society was a difficult task. One suggestion was that it should be the Academy of Continuing Medical Education (ACME); however, Lou Miller and Bill Feltch had already named their budding organization the Alliance for Continuing Medical Education (ACME). The Association of University Continuing Medical Education (AUCME) was another suggestion, but Dr. Duane Dillman, who represented the Drew

Medical School, believed that this would exclude his school, which was not a full-fledged university. Varner Johns of Loma Linda University suggested that the organization be called Federation of University Continuing Medical Education. The acronym appeared too suggestive to the charter members. Thus, for better or worse, the Society of Medical College Directors of Continuing Medical Education was formally adopted.

My duties as founding President for the first two years were mainly to establish the working of the bylaws, recruit new members, and arrange two meetings each year—one in the Spring and one associated with the AAMC meeting in the Fall.

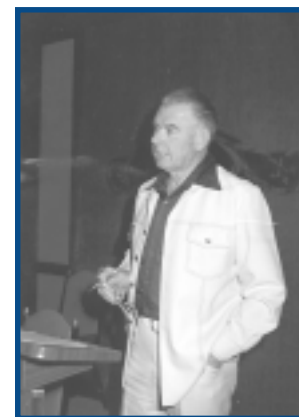
Dr. John Cooper, Executive Director of the AAMC, was apparently concerned about the formation of the Society. Dr. Manny Suter represented the AAMC at our meeting. I tried to assure both Dr. Cooper and Dr. Suter that, from my point of view, the organization continued to be a mechanism for continuing education for those of us in the field, and I did not foresee it as a major political force. Manny Suter and his assistant, Wendy Waddell, were constructive in developing ties between the Society and AAMC. I believe that Dr. Cooper ultimately realized that the goals of the Society were constructive and certainly not a threat to the AAMC.

The early days of the newly founded Society continued to be based on informal discussions, and Jesse Reising’s retreat was continued in the Fall. Gradually, however, the group felt more comfortable with formal agendas. The need some felt for political clout also began to take hold, and political issues worked their way into the agenda.

My recollections of the “non-organization” that evolved into the Society are extremely pleasant because of the warm collegiality and excellent learning that characterized the informal discussions, lunch, dinner, tennis, and, occasionally, treks to the night spots in Palm Springs. The informal quality of our CME network remains an outstanding educational device for us all. The collegial spirit adds zest and maturation to our learning.



*A search through historic photographs yielded a younger Phil Manning, founding president of SACME, at that time SMCDCME.*



*Robert Combs was the writer of the initial bylaws for the fledgling society.*

## SAVE THE DATES—APRIL 10-14, 2002

### WHEN SACME COMES TO CHARLESTON, SOUTH CAROLINA

By Janet Z. Temple, Ph.D. and Odessa Ussery

Charleston is uniquely a magical place, at once lush, warm and soft and gently brushed with the historic patina of time... From exquisite hand-fashioned wrought ironwork to graceful columns that stand guard over stately antebellum mansions... From half-hidden gardens ablaze with pink and scarlet blooms to a shimmering blue sea that is never far from view... From battle-ravaged historic shrines to the quiet sanctuary of the city's many churches... From quaint, treasure-laden antique shops to haute-style fashion boutiques... From days shrimping in sun-warmed marsh creeks to evening black-tie theater concert galas....

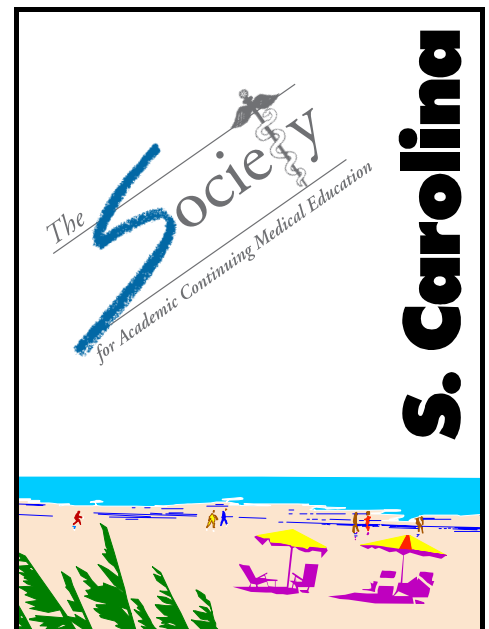
Charleston is widely regarded as the most beautiful and historic city in America. Since its founding in 1670, Charleston has played a pivotal role in the course of American history. Lovingly preserved homes, churches, and public buildings line the tree-shaded streets, serving as a living testament to the city's illustrious past. The city's many contributions to the arts range from the paintings of Elizabeth O'Neill Verner and decorative ironwork of Philip Simmons, to Gershwin's *Porgy and Bess* and internationally acclaimed events

including Spoleto Festival USA and the Southeastern Wildlife Exposition. Much of the historic district includes the city's original commercial areas, allowing visitors to enjoy a leisurely walk to fine museums, galleries, boutiques and restaurants.

The area's lush sea islands and sun-drenched beaches offer as much recreation or relaxation as your heart desires. Golf is on a world-class level, with challenging courses reflecting the natural beauty of the South Carolina lowcountry. Charter fishing on the Gulf Stream or inshore waters is readily available. Shopping is one of our visitors' most passionate pursuits. Marvel at native sweetgrass baskets and handmade crafts found in Charleston's famous open-air market, or browse through inviting boutiques, art galleries and antique shops found throughout the Charleston area. When it comes to dining, your biggest decision may just be what to try next. Every meal is a celebration of tastes, with variety that ranges from traditional oyster roasts to fine continental dining. If festivals strike your fancy, you have come to the right place. You will be dazzled by a diverse array of special events.

At any time of year, you will always find more to see, do and experience than you ever imagined... in a place where warm welcomes have been a treasured tradition for over 300 years. The web site for the Charleston Visitor's Center is [www.charlestoncvb.com](http://www.charlestoncvb.com). The web site for the Doubletree Guest Suites Hotel is [www.hilton.com/doubletree/hotels/CHSCSDT/index.html](http://www.hilton.com/doubletree/hotels/CHSCSDT/index.html)

Come join us for the SACME Spring Meeting and plan to have a wonderful time.





# SOCIETY STRONG AS LEADERSHIP FOCUSES ON INFRASTRUCTURE, RELATIONSHIPS, AND ACTIVITIES

By Paul J. Lambiase

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*[Editor's Note: At the SACME meeting in Lexington, Kentucky, outgoing president Paul Lambiase distributed the report that is printed below.]*

The health of our Society continues to be strong. While there are areas of positive improvement over this past year, there are also some areas in need of attention. As with my mid-year report, I will focus my comments in the areas of: **Infrastructure** – operational or administrative issues; **Relationships** – with other organizations; and **Society Activities** or projects. In addition, there are some serious **Challenges** ahead for our organization.

## **Infrastructure**

*Executive Secretariat.* Prime Management Services has completed nearly two years as our Secretariat. Jim Ranieri and his staff continue to become more sophisticated in their operations and in meeting a variety of the Society needs. They have taken a major role in planning the Society's Spring and Fall meetings, have been working on our web page with Anne Taylor-Vaisey, and have been providing administrative support to the Board and other committees.

*Membership.* Chaired by Susan Duncan, and working with the Secretariat, the Committee has organized the membership process so that new applications are processed and reviewed monthly during the Board conference calls. Their input is also helping to frame the Bylaws change regarding membership options.

*Finances.* Under the leadership of Treasurer John Boothby, and with direction from the Board, the Finance Committee is working through a series of important changes needed in the Society's operating budget. The various Society restricted fund accounts, held through A. G. Edwards have fared well, considering the stock market fluctuations.

*Bylaws Review.* With input from most members attending the Spring meeting, the Bylaws revisions regarding membership categories will be redrafted and circulated for additional comment. The plan is to have a final version available for vote at the Fall meeting.

*Society Board and Leadership.* Over the past year the officers and Board have met, conferred e-mailed and dialogued often multiple times per week to conduct the Society's business. They are a hardworking and dedicated group and I am deeply appreciative of their support and efforts throughout my term.

## **Relationships**

*AAMC.* The cooperation between our organizations continues to develop. Regular dialogue with Dr. Deborah Danoff on multiple levels of mutual interest strengthens this relationship. This is an important direction for our Society and should continue to be nurtured.

*ACCME.* On different and also valuable levels, regular interaction with Dr. Murray Kopelow has helped to keep both organizations informed and working toward our common goals.

*AMA.* Consistent contact with the AMA, through Dr. Dennis Wentz and other leaders involved with setting CME policies, will help to keep the Society informed as policies are being formulated. Consideration should be given to having a regular presence at the AMA House of Delegates and Council on Medical Education.

*ACME.* Alliance President Don Moore (a long-standing Society member) attended the Board meeting in Lexington to begin what we hope will be a more regular exchange between the leadership of our two organizations. This type of sharing can only strengthen our relationship and help both groups to achieve their goals.

*CME Section of the GEA.* Joseph Green, Chair of the CME Section, participated enthusiastically in the plans for this week's programming. Also a SACME member, Joe's active role within the AAMC is an excellent example to all of us. As an organization and as individuals it is an important goal for us to find ways to work with the CME Section and the GEA Regions. The Board and Program committee will be attempting to coordinate a future Spring meeting with one or more of the Regional GEA sections.

*Tri Group.* Collectively the Alliance, AHME, and the Society function to provide oversight to our journal – JCEHP. A very special thanks goes to Jocelyn Lockyer for her excellent effort as Chair of the Journal Administrative Committee. A major achievement this year has been the journal's acceptance

into the Index Medicus listing. Special congratulations go to the editor, Paul Mazmanian, and to his predecessor, Bob Fox, for their high standards of excellence, as well as sincere thanks to the associate and contributing editors. The Tri Group is also working to establish procedures to guide the development and operation of future Congresses.

Through the varied activities of our members, we have connections with numerous additional organizations of many types. Each of us serves as an ambassador and each of us has the opportunity to help develop the role and relationships of this Society.

## Activities

*Program Committee.* Many, many thanks to Rynda Gibbs and the efforts of the Program Committee which continue to result in our quality educational activities. This is an open committee and I encourage any member with content, organizational or other suggestions to share them and help us all to benefit.

*Research.* Perhaps the largest and most prolific SACME committee, the Research Committee, continues to offer opportunities for the ongoing development of CME researchers. Under the leadership of Nancy Davis, they will again hold a Summer Institute for CME Research. This will be held June 24-29, 2001 in Calgary and will provide another excellent opportunity for all interested in honing this important skill of our profession.

*Research Endowment Council.* Under the leadership of Jack Kues, the Council continues to expand its scope of activities in recognition and support of CME research. Two new awards were named over the past year. These are the Manning and Fox Awards, named respectively for Phil Manning and Robert Fox.

*Society Communications Task Force.* Also headed by Jack Kues, this group has been the driving force behind the development of the Society web page and a growing coordination of our various communications vehicles. It is important to recognize Ms. Anne Taylor-Vaisey for her many (and ongoing) contributions to the development and improvement of our web page.

*The "Vision" for CME in Academic Medical Centers.* This project began in early 2000 and evolved throughout the year, developing into what will be a major focus for the Society (and academic medicine at large) over coming meetings – the evolution and integration of the ACGME core competencies into the CME enterprise. The planning team for this initiative included: Barb Barnes, John Parboosingh, Jack Kues, Ellen Cosgrove, Gerry Gotterer, Joe Green, and Phil Manning.

There are many other members working individually or collectively that help develop Society initiatives and represent us to other organizations. We are indebted to you for your efforts and contributions.

## Challenges

*Bylaws – The Membership Debate.* Thoughtful consideration will be needed over the next few months to bring this issue to closure. Our decisions here could well determine the long-term nature of our Society.

*Financial Structure.* The Finance Committee and Board need to make some hard decisions about revenues and expenses to get the Society back on a strong fiscal track.

*Follow-through with the CME "Vision" Activities.* The support and active participation of the membership is needed to guide and encourage your Board and Program Committee through what are new areas and experiences for all of us.

Thank you all for the privilege of being your President over this past year. It has been a very positive experience for me both personally and professionally. Your active support and participation will continue to make this organization a highly valued piece of our lives.



# NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

By Dennis K. Wentz, M.D.

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I am pleased that the editor has asked the AMA to contribute to the *Intercom* on a regular basis, to create a more informed dialogue between the AMA and the Society. It is especially gratifying because I was the president of the SMCDCME, now SACME, from 1987-1988. I hope in these columns to cover important areas of CME, within the larger context of continuing physician professional development (CPPD), that are under study within our Division of CPPD or at the AMA.

We are pleased to make a very important announcement as well. Mr. Charles Willis, MBA, has joined our Division staff as Director of AMA PRA Standards and Policy Liaison Activities, reporting to my Associate Director, Greg Paulos. He is looking forward to getting to know as many of you personally as possible. Greg and I hope you will get to know Mr. Willis, and be proactive in sharing your thoughts, comments and criticisms about the PRA with him.

Over the months, we will cover the major issues in CME and the PRA before our Division of CPPD, as well as answer questions that you submit.

**Question:** *How are the rules and requirements for the designation of AMA PRA credit set? Is there a mechanism for feedback?*

**Answer:** The AMA Council on Medical Education sets AMA PRA Policy. The Council dates to 1847, when an Education Committee was appointed at the initial meeting of the AMA in Philadelphia. The Council has responsibility for oversight of all aspects of AMA policy toward medical education. It meets quarterly and has twelve members elected by the House of

Delegates, including a medical student and resident member. The Council (we refer to it internally as the CME) serves as one of two parents of the LCME (the AAMC is the other). It also recommends to the Board of Trustees the AMA appointments to the ACGME and the ACCME (in addition to appointments to each of 24 Residency Review Committees [RRC] and the ARC of ACCME). The evolution of the AMA PRA since 1968 has been guided by the Council, which is empowered by the House of Delegates to set PRA policy and requirements. The CPPD Division carries out the Council's decisions, keeps the Council informed of reactions and new issues, and makes recommendations on policy changes.

**Question:** *Is it true that the AMA PRA program has placed "on hold" the limitation of 50 hours of credit for a single activity?*

**Answer:** Based on feedback from the field, we have suspended the PRA requirement that appears in Version 3.0 of the Information Booklet limiting single activities to fifty hours of PRA credit. The Council took this action because of a few providers who were awarding hundreds or more hours of credit for certain activities, e.g., course work toward an MBA. However, the rule was intrusive to many other accredited providers who had several self-study courses and for whom a legitimate claim could be made for over 50 hours of credit. Our concern remains that physicians obtain their continuing medical education from multiple sources, which they may have less incentive to do when a very large number of hours can be earned from a single activity. We are still seeking comments to help frame future revisions to this rule.

**Question:** *What do we as the CME leaders in medical schools need to know about the new effort on creating awareness of the AMA's Ethical Opinions on Gifts to Physicians from Industry?*

**Answer:** Stay tuned. The *Working Group on Communication of Ethical Guidelines on Gifts to Physicians from Industry* is completing its work on a national awareness and educational effort on these issues. Several current members of SACME are on the actual Working Group. While the objectives and the statement of the Working Group are already posted on the Society's web-site, it is important to state some of the operational guidelines:

- The primary task will be to clarify ethical principles and strengthen awareness of the AMA Council on Ethical and Judicial Affairs (CEJA)'s Ethical Opinion among both physicians and industry.
- The educational effort will be broad and include programming for physicians, physicians-in-training and industry personnel at all levels of their professional development and it will address the full range of marketing practices, including gifts to physicians.
- Research will be conducted to ascertain current awareness about the Opinions and the perception of their significance in order to design the most effective educational program.

All of the major medical specialty societies participate on the Working Group as well. Funding for the campaign is a joint effort between industry and the profession. We anticipate that our first initiatives will occur at the end of June 2001.

*See you next issue!*



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## UPCOMING EVENTS

**June 16, 2001**  
Town Meeting on CME/CPPD at AMA  
Annual Meeting  
Chicago, Illinois

**June 24-29, 2001**  
SACME's Summer Research Institute  
Calgary, Alberta, Canada

**July 29-30, 2001**  
Understanding ACCME®  
Accreditation Workshop  
Chicago, Illinois

**October 16-18, 2001**  
The 12<sup>th</sup> Annual Conference of the  
National Task Force on CME Provider/  
Industry Collaboration  
Baltimore, Maryland  
**November 2-7, 2001**

**SACME Fall Meeting**  
Association of American Medical Colleges  
Washington, D.C.

**December 7-8, 2001**  
Understanding ACCME® Accreditation  
Workshop  
Chicago, Illinois

**January 30-February 2, 2002**  
Alliance for CME Annual Conference  
Orlando, Florida

**April 10-14, 2002**  
SACME Spring Meeting  
Charleston, South Carolina