

LOOKING FORWARD TO SEEING YOU AT THE SACME

ANNUAL SPRING MEETING

April 30-May 4, 2014

Covington, Kentucky

Hosted by the University of Cincinnati

Planning our annual Spring meeting gives me a particular pleasure this year because it affords an opportunity to forget, for a while, about how long, cold and icy this winter has been for most of us. Instead, in my mind's eye, I am transformed to bright sunny days in early May welcoming us to the beautiful historic neighborhood of Covington, Kentucky, overlooking the Ohio River and downtown Cincinnati. What a promise that picture holds.... And then, it gets real as I invite you all to engage in discussions with experts and colleagues about many interesting topics summed up in our chosen theme of ***Aligning Education and Improving Patient Care across the Health Professions and the Continuum.***

Get ready for an exciting and interactive program filled with the opportunity to learn about the latest research in our field, share in the best practices, acquire new skills, contribute in small groups, catch up with old friends and meet new colleagues and future mentors.

SACME Spring 2014 will start on Wednesday, April 30, 2014, with the Board and several committee meetings. The programming will officially start on Thursday morning. This year's Barbara Barnes Plenary will be delivered by George C. Mejicano, MD, MS, Senior Associate Dean for Education from Oregon Health & Science University. Known for his broad perspective and often provocative stands, Dr. Mejicano will paint a picture of the future of higher education, and our role in it, in a way that will inspire us to explore many possibilities for integration and innovation throughout our meeting.



Another one of our physician educators and leaders and my favorite family doc from the Bronx, NY, Bob Morrow, MD, will host a session devoted to meaningful engagement of patients in their own care as well as in medical education and related research. We are delighted to have Susan Hildebrandt, PCORI's Director of Stakeholder Engagement, come and engage with us as part of this segment.

In This Issue

SACME Spring Meeting	1
From the President	3
Taking Evidence Seriously	5
Revisions to ABMS Program for MOC™	6
AAMC Launches Faculty Development.....	8
AAMC's CE Directory	9
News from the AMA.....	10
SACME Professional Learning Community	12
SACME Virtual Journal Club	13
2013 SACME Fall Research Workshop Recap....	14

Friday morning will be devoted to interprofessional and team based education and innovation in several closely linked sessions that will start with a panel of regulators and accreditors from ACCME, the AMA and the ACGME who will address recent initiatives that each of these organizations has developed in support of IPE and competency development. This session will provide a rare opportunity to engage in a discussion about the future of these accrediting systems and the evolving role of academic CME/CPD providers and educators. We will continue with interactive sessions led by colleagues who will share their experience about how joint accreditation supports development of meaningful IPE, as well as successful development of novel CME formats.

Be sure not to miss updates from several invited presentations from Society-funded research projects including the large SACME Terminology Project that will be presented by Thomas J. Van Hoof, MD, EdD, and Simon Kitto, PhD. Manning Award recipient, Moshe Feldman, PhD, from the VCU Health System will present research addressing practice-based learning to achieve systems-based practice, using an interprofessional CE model, simulation and other tools for planned change in practice. Both of these plenaries will be followed by breakouts for those interested in more detailed methodological discussions about these projects.

Several sessions devoted to faculty and physician assessment and development of performance improvement competence will be offered on Saturday. Many of our members are thinking about, or have already applied to become, a sponsor of the Multi-Specialty MOC Portfolio Approval Program offered by the ABMS. We are fortunate to have the Program Manager, Kevin Graves, PMP, MBA, join us to present the current application process and future plans for this program. Discussions and very practical examples of successful practices from colleagues will follow in a workshop setting for those interested.

The SACME resident social media expert and our Chair of the Communications Committee, Alex Djuricich, MD, will lead a practical workshop on the use of social media in CME/CPD.

In addition to the previously mentioned longer invited SACME supported research presentations, important research in the CME field from accepted abstracts will be interspersed throughout the meeting. These presentations

will be announced in the final program and will generally fall in one of the three categories:

- Research in Continuing Medical Education (RICME) presentations of completed studies and review papers, as well as works in very early stages and works in progress
- Best Practices in CME/CPD
- Poster Sessions

Based on your feedback from last year, we have planned this program to allow for some quality networking time on Friday afternoon. Our hosts, John R. Kues, PhD, CCMEP, FACEHP, and Susan P. Tyler, M.Ed., CMP, CCMEP, FACEHP, from the Cincinnati Center for Continuous Professional Development, are planning some very interesting options for us on Friday afternoon. These include exploring *MainStrasse Village Covington*, the *Cincinnati Museum Center*, the *Newport Aquarium* and the *Cincinnati Zoo and Botanical Gardens*. For those interested in sports, the Cincinnati Reds Baseball team is in town and there is a game on Friday night. (Look for information about group tickets in the registration materials.) Like many of you, I look forward to a relaxing meal and catching up with some of my best friends.

Our programming sessions will conclude on Sunday at noon.

For additional details and to register today please visit the SACME website at www.sacmespringmeeting.org. Early registration is recommended, and the discounted room rates are limited, so please make your plans today.

See you soon in Cincinnati, because this meeting would just not be the same without you!

*Mila Kostic, FACEHP
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PRESIDENT'S COLUMN

By Deborah Samuel, MBA

Hello SACME Members

To collaborate is to work with others. Through the process of collaboration, ideas never before imagined or never thought possible may be realized. Acknowledging there is no “I” in team, more is achieved together than by working alone.

We've heard these comments before and, hopefully, have participated in positive collaborative relationships in our professional and personal lives. SACME has also benefited from collaboration, not only through the tremendous efforts of its dedicated members, but also through organizational relationships with others in the field of continuing medical education (CME)/continuing professional development (CPD).

One such collaboration is the Tri-Group, which consists of SACME, the Alliance for Continuing Education in the Health Professions (ACEHP), and the Association for Hospital Medical Education (AHME). In addition to sharing updates on organizational priorities, Tri-Group members also collaborate on specific activities. First, the Tri-Group Members are the owners of *The Journal of Continuing Education in the Health Professions (JCEHP)*, which is published four times annually along with periodic supplement issues; Curt Olson is the JCEHP Editor. Notably, JCEHP's Fall 2013 issue included a special supplement that was sponsored by the American Board of Medical Specialties (ABMS) and focused on Maintenance of Certification (MOC). The Journal is an important part of SACME, and a supplement of this caliber enhances the journal's role in advancing CME/CPD. Curt does an impressive job managing the Journal's abstract review process, and we owe our sincerest appreciation to him for overseeing this important work.

Tri-Group members are also the primary sponsors of the quadrennial CME Congress meeting, which will next be held in spring 2016, in the San Diego area, and hosted by the University of California CME Consortium, a collaborative effort itself that includes the five University of California Medical School CME offices (Davis, Irvine, Los Angeles, San Diego, and San

Francisco). CME Congress has been recognized as a key conference for international researchers and practitioners seeking to advance key CME/CPD findings and share effective practices with the professional education/development community. A big “thank you” goes out to Mila Kostic and the SACME Program Committee for overseeing the Request for Proposal process that occurred to solidify the host of the 2016 CME Congress; several excellent proposals were received. Information about the spring 2016 CME Congress will be shared as it becomes available.

Another important SACME collaboration is with the Association of American Medical Colleges (AAMC) Continuing Education & Performance Improvement Section, led by Dave Davis, with a special effort conducted through the Joint Working Group with its chair, Moss Blachman. Among the Joint Working Group's current priorities are the development, dissemination, and compilation of the Harrison Survey, the results of which are currently being reviewed and analyzed. The data shared through this survey are intended to enhance our ability as a profession to engage in strategic conversations with leadership in our respective organizations. As a benchmarking tool, the results should serve to highlight those efforts designed to align educational initiatives with healthcare performance and quality improvement work occurring within organizations. Thanks to the many SACME members who collaborate not only in the development, writing, and analysis of the Harrison Survey and results, but also to all those who take the time to complete it.

Moreover, SACME looks forward to supporting and encouraging attendance at the AAMC's national medical education meeting in early November 2014, in Chicago. *Plan to arrive early to attend SACME's committee meetings and the Research Workshop on November 5, 2014.* Stay tuned for more information on the fall SACME sessions.



SACME's members are at the core of the organization, which could not be as successful as it is without the dedication and collaboration of its members. In recent weeks, SACME members have been working and collaborating on the following:

- Development of a response to the Accreditation Council for CME's recent call for comments on a simplification proposal - *thanks to Moss Blachman and Jim Norton for preparing SACME's response;*
- Development of the spring meeting program in conjunction with the University of Cincinnati - *thanks again to Mila Kostic for overseeing the development of the spring program;*
- Refinement of proposed revisions to SACME's by-laws, which will be presented to SACME members for approval in the near future - *thanks to Edeline Mitton for her oversight of this project;*
- Participation in the Conjoint Committee on Continuing Education to further explore strategies to increase the number of prescribers who complete REMS education - *thanks to Leanne Andreasen and Mary Turco for representing SACME on the Conjoint Committee;*
- Development of INTERCOM – *thanks to Seth Anderson, Alex Djuricich, and Sharrie Cranford for reviewing and editing INTERCOM issues;*
- Development of another Professional Learning Community (PLC) on how offices are integrating into the MOC process – *thanks again to Alex Djuricich for launching and overseeing the PLCs;*
- Review of new membership applications each month – *thanks to Tym Peters and the Membership Committee who facilitate the review and approval process;*
- Review of abstracts for the upcoming Research in CME sessions to be presented at the spring meeting – *thanks to Tanya Horsley for coordinating these reviews;*
- Preparations for the SACME election process – *thanks to Pam McFadden for overseeing this work;*

- Oversight of SACME's financial statements and investments – *thanks to Greg Vannette for ensuring that we utilize and protect SACME's resources appropriately;*
- Administration of the SACME listserv – *thanks to Dave Pieper for his ongoing management of the listserv;*
- SACME Terminology Project, the purpose of which is to develop concise descriptions of four sets of educational interventions that are important to the practice and scholarship of continuing education – *thanks to Tom Van Hoof and Simon Kitto, who are serving as Principal Investigators of this work, to many SACME members who are actively participating in this project, and to Ginny Jacobs who serves as the Board of Directors liaison to this project;* and
- Exploration of many other projects among SACME's committees that are underway and designed to add value to SACME and its members – *thanks to Jim Ranieri for supporting SACME and coordinating so many of these organizational endeavors.*

If you are already collaborating on a SACME committee or in one of SACME's myriad activities, thank you!

If you are not currently involved in a SACME activity or committee and would like to learn more about getting involved, please contact me at dsamuel@aap.org or 847/434-7097. ***We welcome your collaboration!***



“TAKING EVIDENCE SERIOUSLY”

By Mary G. Turco, EdD

Last August I attended the AMEE Conference which was held in Prague, Czech Republic. AMEE brands its annual event as “the leading international medical education conference.” It did not disappoint. Many SACME members, including numerous continuing medical education researchers, were among the presenters. I found it exciting to attend plenary sessions delivered by these and other international theorists and researchers debating the compelling issues in our field. In the final plenary, Geoffrey Norman, PhD of McMaster University in Canada, and Cees van der Vleuten, PhD (recipient of the 2012 Karolivska Institute Prize for Research in Medical Education) of Maastricht University in the Netherlands discussed how best to transform medical education. Both agreed that the time had come for medical educators “to take the evidence [on learning] seriously.”

Norman’s and van der Vleuten’s session was, in my opinion, the most important of the conference. They explained that there was rarely a theoretical or empirical basis for why or how people teach. Citing cognitive psychologist Henry Roediger’s work, Norman pointed out that much education is based on flimsy research and fads. He noted that learning styles can have no relevance, high tech simulation can be no better in comparison to low-tech methods, and that some eLearning can be as ineffective as some didactic learning. Norman argued that educators must apply the latest sciences on learning, on instruction, and on assessment education outcomes. He championed the “quiet revolution” in cognitive science and the work of his heroes: Roediger (psychology, memory and education), Robert Bjork, PhD (associative memory), and Richard Mayer, PhD (cognitive load and working memory theory), among others. He advocated for a new paradigm in testing – based in the evidence of effectiveness from Roediger and others – with a clear relationship to the method of instruction.

Van der Vleuten also pushed for a new culture of learning focused on what, according to the evidence, actually works. He cautioned that there is a lot of non-empirical information about learning and gave as an example the “Learning Pyramid”, cited by many educators. The Pyramid is the product of the National Training Lab (NTL) in Bethel, Maine, USA. The NTL (now called the NTL Institute for Applied Behavioral Science) states that it has no original research to support the Learning Pyramid theory which suggests average retention rates for material taught using a variety of teaching methods. Van der Vleuten went on to describe much of medical education as ritual and tradition focused on delivery and transmission, rather than on motivation and creativity. Citing Eric Mayer’s work on brain activity, he reminded the audience that brain activity during lectures is the same as watching television, and very close to brain activity while sleeping. Van der Vleuten entreated educators to create active learning environments attentive to the generic skills of medicine (professionalism, community, team work, and leadership) and to use only methods with evidence of effectiveness including: elaboration, collaborative learning, feedback, coaching, and work- place learning. Elaboration is the processing of discussing, explaining, and schmaticizing to gain the profound learning needed to apply knowledge. Collaborative learning is working in groups. Feedback is the offering of careful correction and encouragement. Coaching (or mentoring) is providing guidance that improves professional development. Clinical workplace learning increases intrinsic motivation. Activated learning prioritizes longitudinal attention and leads to superior generic skills. Van der Vleuten’s summary advice was: (1) stop what you are doing that does not work and teach properly; (2) capture and share information transmission through Internet technologies; and, (3) do assignments



within groups in the workplace – with intense guidance, feedback and coaching.

What actions should continuing medical education leaders execute now if they take the evidence seriously? They should actively deconstruct the dominant, old paradigm of learning (i.e. learning as an acquisition of a product “delivered” and put to use), and intentionally build the evidence-based, new paradigm of learning (i.e. learning as a process of full participation in a collective - situated and shaped by context). They should question learning designs that feature only the “sage on the stage” and individuals’ vertical development from novice to expert. They should emphasize working in teams with horizontal transfers of knowledge via “distributive cognition.”

Simultaneously, they should offer robust faculty trainings (live and online) to support teachers during both the deconstruction and building phases.

Medical educators and researchers are in a difficult but exciting period of transition. Some have made strategic plans and are creating the new culture of learning. Others are advancing the research work that underpins the building of the new paradigm. To be sure, many education innovators are struggling - but determined. Norman and van der Vleuten would salute all of these individuals. The take-home message from their AMEE plenary was that, regardless of the challenges, the time has come for all medical educators to take the evidence seriously.

REVISIONS TO ABMS PROGRAM FOR MOC™ STANDARDS PRESENT CME OPPORTUNITIES

By Mira Irons, MD, ABMS Senior Vice President, Academic Affairs

The American Board of Medical Specialties (ABMS) recently made revisions to the Standards for the ABMS Program for Maintenance of Certification™ (Program for MOC™) that offer opportunities for collaboration between continuing medical education (CME) providers and Member Boards to develop innovative, practice-relevant lifelong learning and self-assessment (LLS) and practice improvement (PI) activities for physicians.

The Standards for the Program for MOC, which were approved by the ABMS Board of Directors this January, are meant to guide ABMS’s 24 Member Boards to further develop their MOC programs. The Program for MOC incorporates the ABMS/ACGME six core competencies of practice-based learning & improvement, patient care & procedural skills, systems-based practice, medical knowledge, interpersonal & communication skills, and professionalism. Its integrated four-part framework addresses professional standing & professionalism, LLS, assessment of knowledge, skills & judgment, and improvement in medical practice. Although the revised

standards are common across the ABMS Member Boards, they permit relevant distinctions in programs and opportunities for innovation among the specialties.

These standards were developed over a two-year process with input from multiple constituencies including the public, diplomates, Member Boards, ABMS Committees, the ABMS Board of Directors, specialty societies, and Associate Member organizations among other stakeholders. Additional feedback was solicited during a two-month comment period, and more than 625 organizations and individuals provided comments on the standards.

The standards, which will be implemented this year and become effective in 2015, present opportunities for CME providers and Member Boards to work together to develop innovative activities that are relevant throughout a diplomate’s career. Because of the common elements within the standards, these activities could be specialty specific or applicable to several specialties. Cross-

specialty activities would be of particular benefit to diplomates who are Board Certified by multiple Member Boards.

Of particular importance to the medical education community, the new standards have a greater emphasis on professionalism, patient safety, and performance improvement. Patient safety is specifically highlighted as studies have demonstrated the value of such knowledge in addressing the morbidity and mortality associated with preventable errors in the health care system. Each Member Board is expected to integrate patient safety principles into its Program for MOC. The standards acknowledge that patient safety courses and equivalent experiences are increasingly being incorporated into graduate medical education training, and consequently Member Boards may accept either as the foundational experience for its diplomates. Both patient safety courses and patient safety activities that focus on relevant topics or activities to address previously identified specialty-specific professional practice gaps should be incorporated into MOC programs.

With regard to improvement in medical practice activities, the standards encourage diplomates to engage in those activities that focus on improving patient outcomes, the patient experience, and the value of the health care experience in the diplomate's practice and/or within the broader system in which the diplomate practices. Member Boards are expected to create appropriate expectations for the diplomate's engagement in these activities and identify ways in which these activities can be incorporated into their MOC programs. ABMS is working with its Member Boards to identify innovative and useful methods that can be utilized by the diplomates to provide the appropriate specialty-specific practice data for use in their MOC programs. The latter may include the use of registries, patient logs, patient surveys, peer surveys, PI modules, and PI-CME activities, to name a few. To the degree possible, the use of recognized performance measures should be incorporated into these activities.

Given that diplomates work across medical specialties, as part of multi-professional health care teams, and within

complex health care systems, Member Boards should encourage diplomates to be involved in PI activities within the context of the health care team and system of practice, and in alignment with other care-related quality improvement programs. Moreover, substantive diplomate engagement in organizational or health care system quality initiatives should be recognized for MOC credit.

Overall, the standards put a greater emphasis on LLS activities that utilize guided self-assessment. Such activities should substantially link to the diplomate's own practice activities and professional practice gaps identified within the specialty or by the diplomate. These activities should incorporate engagement in CME activities that are accredited by such organizations as the Accreditation Council for Continuing Medical Education (ACCME), American Academy of Family Physicians (AAFP), or the American Osteopathic Association (AOA), or certified for credit by such organizations as the AMA Physician's Recognition Award Category I, AAFP Prescribed Credit, American Congress of Obstetricians and Gynecologists Cognates, or AOA Category IA. All LLS activities should be free of commercial bias and control of a commercial interest and should conform, at a minimum, to the ACCME Standards for Commercial Support.

Member Boards may work with specialty societies, other Boards, and other organizations to develop MOC materials, adopt materials prepared by others, or develop materials themselves for their diplomates to use for MOC. The standards also ask the Member Boards to monitor the quality of their MOC programs on a continual basis to ensure that their programs are relevant to their diplomates' practice, while also being attentive to the time and administrative burdens of participating in the program.

ABMS looks forward to continued collaboration with the medical education community to strengthen the continuum between physician training and practice.

AAMC LAUNCHES FACULTY DEVELOPMENT IN QUALITY IMPROVEMENT AND PATIENT SAFETY

Nancy Davis, PhD, Director, Practice Based Learning & Improvement, AAMC

The Association of American Medical Colleges (AAMC) has launched a new faculty development program leading to a Certificate in Teaching Quality Improvement and Patient Safety. The program is in response to recommendations of the AAMC'S Teaching for Quality (Te4Q) expert panel report published in January 2013 (www.aamc.org/te4q). The faculty development program is designed for clinical faculty at all levels of the medical education continuum and interprofessional teams are encouraged to participant. The program consists of a 1.5 day on-site workshop where participants develop an educational project in quality improvement and/or patient safety. Coaching and mentoring is a part of the program and participants are expected to implement their activities as well as present them to peers in order to sustain and expand QI/PS teaching. While quality improvement and patient safety have become increasingly important in

healthcare delivery and medical education, many clinical faculty lack expertise in teaching QI/PS principles. Content areas of the workshop include learner needs assessment; developing learning objectives; clinical QI content to teach; learner performance assessment; program evaluation; and change management and leadership. The program is unique in its approach involving both the clinical and academic leadership in supporting faculty and learners. Program participants become part of a national community of learners with opportunities for sharing, discussion and professional development. On-line resources and support are also part of the program. If you are interested in bringing the Te4Q program to your institution or would like further information, please contact Nancy Davis at ndavis@aamc.org or visit the website at www.aamc.org/te4q



AAMC's CE DIRECTORY:

one-stop shopping for academic CME on-line resources

Almost two years ago, AAMC launched CE Directory, a service of AAMC's MedEdPORTAL, providing practicing health professionals with the ability to quickly search, find, and access high quality evidence-based online activities and providing CE credit. Since then, there's been steady growth and interest. This brief note provides an update and attempts to answer a few questions.

What is it? *CE Directory* drives the user to the host school's website for access and revenue generation where applicable. Most of the activities included in the *CE Directory* have been created by faculty members of AAMC affiliated institutions and SACME members – examples of frequent contributors include the CME divisions of the University of Kentucky, Sanford School of Medicine, University of South Dakota, MUSC, Baylor College of Medicine, University of Michigan, University of Alabama.

Since its start 2 years ago, *CE Directory* has 600 live activities, another 80 or so in the queue for posting, and attracts hundreds of unique visitors per month.

Why should I post my on-line activities?

There is a growing need and appetite for on-line learning by physicians and other health professionals, nationwide – especially as important components of MOC-IV or PI-CME initiatives and in line with new health care directions. The AAMC's *CE Directory* provides a convenient portal to access high quality, credit-generating and trusted CME resources from institutions these professionals would not normally access. Coupled with the growth of the repository, AAMC has plans to undertake a national awareness campaign to make these colleagues aware of your resources

How can I submit my institution's online CE activities?

The submission process is streamlined to highlight key information of your resources, including a description, objectives, number of credits, and other details. Once listed, the *CE Directory* drives the user to your institutional website for access to the learning module or course. You may submit your online learning activities using the following link: <https://www.mededportal.org/continuingeducation/submit/submitanactivity/>

Anything else I should know? A few background details. The AAMC does not charge the end user or the CME provider and has no immediate plans to do so. Further, MedEdPORTAL is a no-cost suite of services featuring over 2,500 peer reviewed teaching tools and other innovative resources to help educators prepare for and develop educational activities. The international reach of MedEdPORTAL continues to grow and now includes usage from more than 10,000 health education institutions from over 195 countries.

Visit the current CE Directory:

<https://www.mededportal.org/continuingeducation/>

*Dave Davis, MD
for the Continuing Education and
MedEdPORTAL teams*



NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

By Alejandro Aparicio, MD, FACP



As a unifying voice for physicians, the AMA is committed to collaborating with medical partners, government agencies, health care providers and others seeking to build on common ground to shape a better health care system and improve the health of the nation. The three AMA Strategic Initiatives aim to do that.

ACCELERATING CHANGE IN MEDICAL EDUCATION - The AMA is partnering with leading medical schools and national organizations to ensure that future physicians are prepared to succeed as leaders and team members in our evolving health care system. The AMA's work in this area will prepare future physicians for new care delivery models in an increasingly patient-centric, value-driven health care system. More information, including the list of the 11 medical schools that will receive \$1 million each over five years as part of this initiative, can be found at <http://tinyurl.com/sacme214t1>

IMPROVING HEALTH OUTCOMES - The AMA is working with leaders in organized medicine, academia, government agencies, business, health advocacy groups and community-based organizations on strategies to measurably track and improve health outcomes. We will advance the quality and safety of care and contribute to the best use of resources. To prevent heart disease, the AMA is working with the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality and the Center to Eliminate Cardiovascular Health Disparities. And the AMA is teaming up with the YMCA of the USA to help prevent the onset of diabetes among Medicare participants who have prediabetes. More information can be found at <http://tinyurl.com/sacme214t2>

ENHANCING SUSTAINABILITY AND SATISFACTION - In response to the increasing complexity of physician practices, the AMA is working to develop care delivery solutions that support physician success within emerging patient-centric, value-driven health care models, and to create mutually beneficial partnerships

between physicians and care delivery systems. More information can be found at <http://tinyurl.com/sacme214t3>

2013 interim meeting of the AMA House of Delegates

At the 2013 interim meeting of the AMA House of Delegates, November 14-19, the AMA Council on Medical Education hosted a stakeholder's forum where medical education leaders discussed new solutions to the GME crisis. The Council also submitted Report 1-I-13, "Update on Expanding Access to Clinical Training Sites for Medical Students," to the House, a nine page report that was adopted and can be found at <http://tinyurl.com/sacme214t4>

One of the reports presented by the Council on Ethical and Judicial Affairs and adopted by the HOD at the interim meeting was Report 2-I-13 Amendment to E-8.061, "Gifts to Physicians from Industry." (<http://tinyurl.com/sacme214t5>). This opinion, together with Opinion E-9.011, "Continuing Medical Education" (<http://tinyurl.com/sacme214t6>) and Opinion 9.0115 – "Financial Relationships with Industry in CME" (<http://tinyurl.com/sacme214t7>) are three Ethical opinions closely linked to CME.

Also adopted at the interim meeting were numerous other policies on important topics that impact the quality of care and the advancement of patient health such as a contemporary review of national drug control policy, opioid-associated overdoses and deaths and the need to re-evaluate standards for pain management. Further information can be found on stories in AMA Wire™ or the AMA web site.

AMA PRA Category 1 Credit™ for learning when preparing to teach medical students and residents

Teaching health professionals in non-certified CME activities, including teaching medical students and residents, has long been described as being eligible to be self-designated and claimed by individual physicians for *AMA PRA Category 2 Credit™*. While the AMA does not ascribe a higher value to either Category 1 or Category 2 Credit, both being legitimate and important components of a physician's professional development, some organizations that require CME credit on the part of physicians accept only *AMA PRA Category 1 Credit™* as a way to meet those requirements. As a result, colleagues from the Association of American Medical Colleges approached the AMA about the possibility of structuring an activity, describing the educational requirements and the credit metric, in which teaching medical students and residents could be certified for *AMA PRA Category 1 Credit™* and a formal proposal for a pilot was submitted to the AMA Council on Medical Education (Council) in 2011. The work of the steering committee for the pilot, particularly the leadership of Dave Davis, MD, Barbara Barnes, MD and Carol Goddard, and the contribution of the CME providers that volunteered to participate, were instrumental in the success of the pilot.

The Council reviewed the data generated by the pilot at its March, 2013, meeting and approved faculty credit for the clinical teaching of medical students and residents as a type of live activity that may be certified for *AMA PRA Category 1 Credit™*. The complete guidance can be found in the Physician's Recognition Award and Credit System pages at the AMA's website. (www.ama-assn.org/go/teachMSandR)

A central concept is that the CME credit being discussed is for learning, learning that is used to teach, not credit for teaching. CME credit is not a reward or payment, it is a recognition/acknowledgement/metric intended to note that the physician has engaged in an educational activity which serves to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. Accredited CME providers may have documentation requirements from their accrediting body. More information that accredited

providers will find useful can be found on the AAMC web site.

Canadian medical schools

After years of conversations to formalize the agreement allowing Canadian medical schools the privilege to award *AMA PRA Category 1 Credit™*, the AMA was notified that CACME's six sponsoring organizations had decided not to support the agreement that had been prepared in collaboration with CACME staff and approved by the AMA Council on Medical Education. As a result, in the absence of an agreement, Canadian medical schools were notified by the AMA that they had ceased to be able to certify educational activities for *AMA PRA Category 1 Credit™* as of June 24, 2013.

The Royal College of Physicians and Surgeons of Canada (Royal College) and the AMA have had an agreement since 2010. Currently, under this agreement, select activities approved for Royal College MOC Credits are eligible for conversion to *AMA PRA Category 1 Credit™*. National Specialty Societies and Simulation Programs that have been approved by the Royal College as accredited CPD providers had been covered by this agreement.

After the Canadian medical schools were notified that they could no longer award *AMA PRA Category 1 Credit™*, the Royal College approached the AMA to include the Canadian medical schools under our agreement. As a result of the conversations, the documentation provided and the approval by the Council, the agreement between the AMA and the Royal College was amended at the end of 2013, and effective January 1, 2014 the University offices of CME accredited by the Committee on Accreditation of Continuing Medical Education are also covered by the agreement and are eligible for conversion to *AMA PRA Category 1 Credit™*. More information can be found at www.ama-assn.org/go/internationalcme.

I hope to see all of you at the Spring meeting.

SACME PROFESSIONAL LEARNING COMMUNITY

By Alex Djuricich, MD, Associate Dean for CME, Indiana University School of Medicine

The SACME Professional Learning Community (PLC) was launched in 2013, and it has been a resounding success. The PLC program was designed as a SACME Communications Committee tool to have the following goal: to provide a venue for SACME members to foster improved communication around themed interests, with the potential for collaboration around a scholarly product.

The PLCs were based on the concept of Faculty Learning Communities (see this website for more information: <http://tinyurl.com/sacme214t8>), similar to communities of practice, as described by Wenger (www.ewenger.com/theory/).

Each PLC presentation has its own specific objectives, which are outlined to members beforehand. This allows members to decide ahead of time whether the PLC is something she/he may be interested in attending. All of the sessions are attended virtually by phone, from the comfort of one's own office or home, and allow collaboration among members around the topic of interest.

To date, 4 PLCs have taken place. The first two were on the topic of social media within CME, and garnered much interest from the participants. Most were interested in "soaking up information" to help move forward potential communications which come out of their own office. The third was using a cell phone system to capture Regularly Scheduled Series participation, hosted by Jack Dolcourt from the University of Utah. In this session, many members were fascinated by the automated system which allows for participants to call in as a proxy for a "sign in sheet". The fourth was on apps for CME members, and reviewed apps on a smart phone or tablet which can help organize CME professionals and their physician faculty clients.

Moving forward, the plan is to host the PLCs every other month, such that 6 will be completed per year. The topics

are not yet decided, but we are sure to always query the membership for ideas for future sessions. We also plan to record the sessions so that those who are unable to make the specific time can view them at a later time. This is an important resource for SACME members, and the hope is that SACME members will take advantage of both the live PLCs as well as the recorded ones.

If you are interested in either being a host for a PLC on a particular topic, or want to suggest future topics, please do not hesitate to contact Alex Djuricich, from the Indiana University School of Medicine Division of CME, at adjurici@iu.edu. We look forward to your future participation with the SACME PLCs as a method to foster improved communication among SACME members.



INTRODUCTION TO SACME VIRTUAL JOURNAL CLUB

By Mila Kostic, FACEHP



I am delighted to announce the launch of our newest member benefit educational offering. The idea for creating **SACME's Virtual Journal Club** percolated for about a year and I was thrilled that it was selected for development by the leadership as the one new activity brought forward by the Program Committee.

Our Journal Club will be meeting virtually (live) on the **last Thursday of selected months at 12 noon ET**. Check the SACME web site for the latest Event schedule. This will allow for a standard time available to all time zones that I hope can easily be added to the standing commitments on your calendar. SACME has invested in the technology that will accommodate a sizable group of simultaneous participants. An Editorial Board has been formed to lead this effort and the selection of facilitators and session topics, and articles for discussion. Our intent is for all of our members to be able to nominate facilitators, topics and articles for discussion.

Our inaugural SACME Virtual Journal Club webinar is scheduled for **Thursday, March 27, 2014 at 12 noon ET**. **Barbara Barnes, MD** will lead the discussion on the topic of the **assessment of outcomes of simulation education/training associated with team training and competencies beyond skills training**. **Barbara will be joined by Curtis Olson, PhD** who will assist her in facilitating the discussion.

There is increased interest in using simulation for training of healthcare professionals to function in new models of care and to address competencies beyond medical knowledge and clinical care. An AAMC study in 2011 demonstrated that 90% of medical schools used simulation to educate on communication skills and 90% to assess these skills. For teaching hospitals, this was 92% and 49% respectively. However, despite these findings there has not been a rigorous assessment of the relationship between performance in the simulated and actual environments. Barbara has selected the following

recent articles to stimulate discussion on this topic.

- Curtis JR, et al. Effect of communication skills training for residents and nurse practitioners on quality of communication with patients with serious illness: a randomized trial. *JAMA*, 2013 December 4; 310(21):2271-81. doi: 10.1001/jama.2013.282081
- Yardley, S., W Irvine, A. and Lefroy, J. (2013), Minding the gap between communication skills simulation and authentic experience. *Medical Education*, 47: 495–510. doi: 10.1111/medu.12146

Additional background for this topic comes from *JCEHP Volume 32*, Issue 4 which contains a number of interesting articles that address simulation specifically in the CE context. The article by Rosen et al provides a review of the literature on simulations that take place in the workplace (in situ). The second article by Curtis et al discusses the issue of fidelity in simulation and provides an interesting and sometimes counterintuitive perspective.

The format that we will use is a live facilitated webinar with pre-assigned topics and articles for discussion. Pre-registration is required but is **free of charge** and available **only** to SACME members during our pilot period. We expect these sessions to be very interactive and participatory but recognize that some of our members will prefer to just visit and listen in, at least initially. There will be plenty of opportunity to contribute in the follow up through online discussion forums housed on our SACME website. You will be able to add your ideas and perspectives, and point to related research or best practices that you are either involved with directly, or perhaps just familiar with some work by others that you would like to bring forward. The expectation for those who would like to engage will be to review the selected

literature ahead of time and come prepared to allow the group to have a common starting understanding in referencing the related points. For those of you who would like to attend but will have conflicting schedule at times, I am happy to let you know that a podcast recording of the webinars will be available.

Our intent with this initiative is to provide a discussion forum for SACME research-minded colleagues, as well as those of us who read literature to inform our practice in CPD design, assessment or evaluation of outcomes, faculty development, or any other of the many topics relevant to our field. As we considered the diversity of academic experience and interest of our membership, we decided to focus our approach less on the critique of

the journal article and more on the creation of a series of transformational discussions around the value of available evidence to our practice.

We hope that you will find this new member benefit of interest and that you will register early to secure your participation. If you are interested in suggesting or facilitating a topic or an article for discussion in the **SACME Virtual Journal Club**, please do not hesitate to contact Mila Kostic, from the Perelman School of Medicine at the University of Pennsylvania, Office of CME, at mkostic@upenn.edu.

2013 SACME FALL RESEARCH WORKSHOP RECAP

David Price, MD | Dave Davis, MD | Nancy Davis, PhD

The 2013 SACME Fall Research Workshop provided an opportunity for attendees to discuss different frameworks for scholarly study of continuing professional development (CPD) efforts. Theories and methods were discussed that could enable assessment of effectiveness at the level of the individual learner or of the activity/intervention itself. Davis and Davis have posited that educational interventions can be developed based on the work of Pathman; Prochaska and DiClemente's Transtheoretical Model of behavior change; and Green and Kreuter's PRECEED/PROCEED model. After the educational intervention, evaluation at the participant level can examine whether individuals have 'progressed' to a higher stage of change based on the Pathman model (Awareness, Agreement, Adoption, Adherence) or the Transtheoretical Model (Pre-contemplative, Contemplative, Preparation, Action, Maintenance, or Relapse).

The CPD intervention itself can be studied on a number of levels. The short term effectiveness of the initial intervention for those who participated can be examined using a controlled (efficacy) trial design. The generalizability of the intervention can be examined by looking at the effectiveness in achieving the desired change in subsequent participants when

the initial intervention is repeated (effectiveness trial). Descriptive, qualitative, sociologic, and ethnographic designs can be used to supplement quantitative analysis to provide a richer explanation of why an intervention worked (or failed to work). Comparative effectiveness trials, including economic analyses, can be used to compare the effectiveness (and costs for achieved effect) of different types of educational interventions targeting the same type of outcome. Mixed methods designs, combining qualitative analysis with Quality/Performance Improvement methodologies such as Run Charts and Statistical Control Charts can be used to study the adaptability, uptake, and sustainability of educational interventions across different practice settings, and the sustainability of CPD-facilitated improvement over time.

The handout from the research workshop, including citations, can be found on the SACME website under the "Meeting Presentations" link <http://sacme.org/MeetingPresentations>. We would also like to thank Tanya Horsley PhD, Moss Blachman PhD, and Curtis Olson PhD who helped facilitate discussions at the workshop. We hope the frameworks presented at the workshop facilitate collaborations and further scholarly study of CPD among SACME members.

UPCOMING EVENTS

March 13-15
SGEA Regional Conference
Miami, Florida

March 23-25
WGEA Regional Meeting
Honolulu, Hawaii

March 27-29
CGEA Regional Meeting
Cleveland, Ohio

April 11-12
NGEA Regional Meeting
New Haven, Connecticut

April 30-May 4
SACME Spring Meeting
Covington, KY (Cincinnati area)

May 18-20
GAME Meeting
Coral Gables, Florida

May 19-20
MedBiquitous Annual Conference
Baltimore, MD

July 17-20
GFA Conference
Boston, MA

November 4-6
SACME Fall Meeting
&
November 6-7
AAMC Medical Education Meeting
Chicago, IL

See www.sacme.org for updated events.

INTERCOM

INTERCOM is published three times a year by the Society for Academic Continuing Medical Education, Executive Secretariat Office, 3416 Primm Lane, Birmingham, AL 35216; Telephone: (205) 978-7990; Fax: (205) 823-2760.

The views expressed in INTERCOM are those of the authors and are not intended to represent the views of SACME or its members.

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The SACME Board of Directors gratefully acknowledges an unrestricted educational grant received from CMEinfo.com in support of this issue of INTERCOM.

INTERCOM

Newsletter of the Society for Academic
Continuing Medical Education
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Birmingham, AL 35216
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