

2005 FALL SACME MEETING - WASHINGTON, D.C. NOVEMBER 4-6, 2005

The SACME 2005 Fall Meeting scheduled November 4-6 is soon drawing upon us. Registration is open and a brochure is available on the SAMCE web site. http://www.sacme.org/SACME_Meetings/Fall_2005/default.htm. Registration may be completed online, by mail or via fax. The AAMC has selected Beyond Boundaries as the theme for their meeting this year. The program committee developed a program that fits well within that theme.

Topics included address international credit systems and accreditation, use of medical education repositories, application of virtual patient technology and standardized patients in medical education, as well as RICME, and Hot Topics. The Research Workshop on Friday afternoon is designed to strengthen interview and analysis skills as they

pertain to self-directed learning and practice outcomes.

Brownie Anderson, of the AAMC has identified a list of AAMC sessions that may be of interest to SACME members. A schedule of these activities as well as a list of suggested pre-conference readings can be found on the fall meeting pages of the SACME web site. Please remember that you must register for the AAMC meeting as well as the SACME meeting as the AAMC issues all credentials. Again this year, AAMC is offering a reduced single day registration.



SPRING SACME MEETING - KEY WEST, FLORIDA APRIL 5-9, 2006

The 2006 spring meeting is hosted by Deborah Sutherland and the University of South Florida and will be held at the beautiful Casa Marina Resort—a historic landmark in Key

West, Florida. Key West, noted to be the Southern most city in the USA, exudes Caribbean flavor without leaving the country. The Casa Marina has the largest beachfront in Key West and is located only two miles from the Key West Airport with over

50 flights a day direct from Miami, Fort Lauderdale, Orlando, Tampa or jet service on Delta from Atlanta. Flights sell out quickly so early registration is advised!! You can experience over

120 restaurants in Key West (many within walking distance of the resort), sailing, parasailing, fishing, snorkeling, diving, and many other activities. Mark your calendar for a great educational session held at a spectacular location!

For more information, please see the resort's website at <http://www.casamarinakeywest.com/>



In This Issue

Fall meeting 2005/Spring meeting 2006	1
From the President	2
Conference Reports	3
SACME Endowment Council	4
Research Grant Award profile	5
Summer Institute Highlights	6
Commercial Support and Bureaucracies	8
News from the AMA	9
Membership News	10
Upcoming Events	12

FROM THE PRESIDENT

By Martyn Hotvedt, Ph.D.

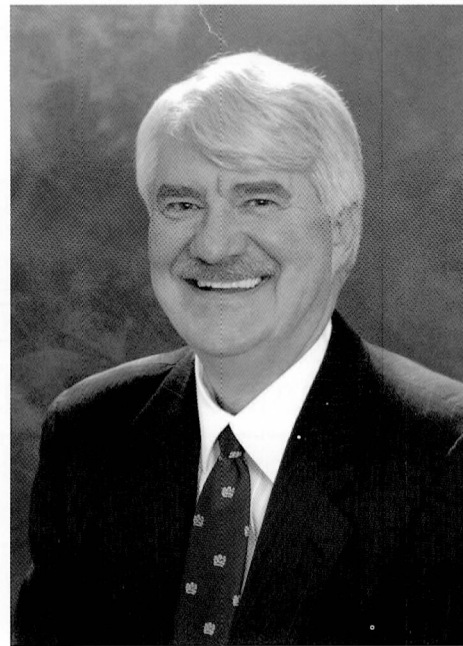
What is unique about being a member of SACME? For me, I believe that it is the scholarly approach to providing continuing medical education that we all provide. A scholarly approach suggests that one has thoughtfully planned and executed CME based on the most current research and evidence. However, most of us in CME come from the teacher's perspective rather than the learners. We plan and carry out CME programs for our physician audiences just as we always have. Many of us are forced to do this because we must financially support our efforts and the model we have used is bringing groups of physicians together and providing them with the information they need. This works very well when we are trying to provide physicians with new information they need. But, do we help the individual physician learner with his or her individual practice needs? New aspects of the AMA's Physician Recognition Award is placing emphasis on the individual physician learner and the improvement of his or her practice. What should be our scholarly approach to helping these physicians? Most of us give "lip service" to the basic premises of adult education, but how are we adapting our CME programs to adult education principles?

There is a large and growing effort to improve medical care through "systems improvement". Built on some of Deming's Quality Improvement concepts, many administrators trying to improve the quality of medical care through the reduction of errors. These errors are often caused through interactions between health care practitioners rather than the "fault" of one practitioner. Because physicians are usually assumed to be the leader of health care teams, it is expected that the physicians will lead the improvement efforts. However, most physicians have no training in these areas and often don't see themselves as being responsible for improving the whole team.

What can SACME do to help with this problem? Should SACME even be involved with this problem? To date, not many physicians are willing to pay out of their own pockets to be trained in the quality improvement techniques which are needed to improve their local health systems. Many of the hospitals with whom they work are

actively involved in training their employees, but they are finding it difficult to involve the physicians in their efforts. Physicians are very busy and for the most part do not believe that the individual patient care that they provide is directly related to the larger health care efforts provided by hospitals and regional medical centers. There is a lot of discussion these days in the popular press and in political rhetoric that the "health care system" in the United States is broken. Is SACME's responsibility to its members just to make sure we know how to conduct the best short course or as an academic society do we have the responsibility to help physicians improve patient care? If we have any responsibility to help improve patient care, then as members of SACME, how do we do it?

Please ponder these issues and come to our Fall Meeting ready to discuss with each other how we get started.



INTERCOM

SACME Listserv: sacme@lists.wayne.edu.

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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CONFERENCE REPORTS OF INTEREST TO SACME MEMBERS

By Nancy Davis, Ph.D.

AMEE Conference

The Association for Medical Education of Europe (AMEE) was held in Amsterdam, August 30-September 3, 2005. AMEE represents teachers and organizations committed to high standards of education in medicine and the health care professions. It is concerned with the continuum of education from undergraduate through postgraduate, to continuing education. AMEE recognizes the need to appraise and improve the quality of teaching. It serves as a resource to medical education in a national, European and world-wide context. AMEE encourages students and junior staff to take an interest in medical education and assists with the development of the skills required by medical teachers. They are committed to assisting physicians and teachers in the health-care professions to keep up to date with current developments in medical education. Finally, AMEE is concerned with the development of medical education to meet current and future needs, particularly in the European context, but welcomes members and participants from all countries.

Similar to the AAMC meeting, this conference focused on all levels of medical education. The five content themes were

- Attitudes and Professionalism
- e-Learning in Medicine
- Assessment
- Student Learning
- Selection
- Faculty Development
- The Curriculum
- International Medical Education
- Clinical Teaching

Sound familiar? As a first time participant, it was interesting to me that medical education around the world has common issues and challenges.

If you'd like to learn more about AMEE and the conference, visit their web site at www.amee.org. There you will find the 2005 conference abstract book and all posters. Next year the conference will be held in Genoa, Italy, September 14-19, 2006.

JCAHO Conference

Transforming Health Professional Education: Core

Competencies, Microsystems and New Training Venues, sponsored by Joint Commission on Accreditation of Healthcare Organizations (JCAHO), was held September 14-15, 2005. This conference was based on the work of JCAHO's position paper, "Health Care at the Crossroads: Strategies for Improving Health Care Professional Education". The paper, created by a roundtable with representatives from medicine, pharmacy, nursing and health care administration brought together to "discuss the need for educational reform, frame the complex issues within the education and training environments, identify barriers to reform and to describe the critical success factors for achieving reform." While still in draft form, the paper lists several recommendations which were discussed at the conference. The intent is to revise the paper based on feedback from participants.

Murray Kopelow, MD, Chief Executive, ACCME presented on a panel, "Creating a Learning Continuum", which focused on multiprofessional accreditation of continuing education. SACME members, Harris Gallis, MD, ACME President; Nancy Davis, PhD, AAFP, and Ajit Sachdeva, MD, American College of Surgeons attended and provided comment during the session. An overall theme of the conference was the need for more multiprofessional education at all levels.

For more information, visit Joint Commission Resources web site at www.jcrinc.com

Practice-based Learning and Improvement Conference

Sponsored by The Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties, this conference was held September 22-23 in Chicago designed for those interested in teaching and assessing practice-based learning and improvement (PBLI) in undergraduate, graduate, and continuing medical education. The conference focused on teaching physicians how to implement practice improvement and offered many examples from the field. It recommended PBLI as a characteristic of "competent" programs and institutions. With new maintenance of certification for practicing physicians now requiring self assessment as well as performance improvement in practice, this is a

very timely topic for CME providers

Project Globe

Led by Pablo Pulido, Pan-American Federation of Medical Schools (PAFMS) and Dennis Wentz, WentzMiller & Associates, the goal of Project Globe is to organize a global partnership to enable generalist physicians (GPs and FPs) to deliver high quality health care. The initiative is to identify and make available appropriate continuing professional development opportunities, including CME. Phase I, which is underway, includes creating a database of educational and professional needs of primary care physicians around the world (outside US and Canada), inventorying existing CME/CPD resources; developing a competency-based curriculum, preliminary recommendations for methods of CME accreditation that are globally compatible with reciprocity of CME credit, and a five-year plan to launch and evaluate the initiative

The project consists of four task forces: I) Educational and Professional Development Needs of Generalist Physicians, chaired by Alberto Oriol I Bosch, MD, Spain; II) Effective CME/CPD Delivery Methods and Resources Available, chaired by Salah Mandil, PhD, Switzerland and Sudan, III) Curriculum Considerations, Chaired by Alejandro Cravioto, MD, PhD, Mexico; IV) Basic Declaration on Policy Issues, chaired by Pablo Pulido, MD Venezuela and Dennis Wentz, MD, USA

SACME members Dave Davis, MD and Nancy Davis, PhD are involved in the project primarily assisting with Task Force III. The Steering Committee will meet again in December in New York City

Dennis Wentz will present an overview of Project Globe during Hot Topics at the Fall SACME meeting in Washington, DC

THE SACME ENDOWMENT COUNCIL AND ITS WORK

By Jocelyn Lockyer, Ph.D.

What is the SACME Endowment Council and what is its role?

The Council is made up of members of SACME selected for their expertise in CME research, commitment to CME research development and fund raising acumen. Most of the members have been associated with SACME for a number of years. The President and Vice Presidents of SACME as well as the Editor of JCEHP are ex officio members. The Council has two functions: to raise money to capitalize the fund and to disperse money for projects that further the goals of understanding physician life long learning and change.

How was the fund created?

The Fund was established in the early 1990's by the SACME executive at the time. The purpose of the fund was to create a pool of money that could be used to support research projects being undertaken by SACME members. They were interested in funding for topics of interest to the field of CME as well as to help build research expertise. The majority of the money in the fund came from pharmaceutical companies in donations between

\$5,000 and \$100,000. A few small donations have been received since the fund's initiation from individuals and organizations. This has created the base amount of slightly over \$300,000.

How have the funds been dispersed?

Since 1996, about 17 grants have been awarded. Some of these have been small grants (\$5,000) and others have been larger (up to \$50,000). There are in fact three awards available.

Do we know what impact the funding has had on scholarly work?

We have done some follow-up work re the awards. The majority of recipients have presented their work at SACME meetings as well as other meetings in Canada and the US. There have been a number of publications in JCEHP and also in Academic Medicine.

We know that the funding has assisted SACME members with doctoral theses. I think for a small fund with limited resources we have helped the field along.

How can I find out more about the funding and what is required for a proposal?

Information about the fund is on the SACME website. http://sacme.org/Inside_SACME/default.htm. We are receiving proposals for small grants (\$5,000) this fall. Applications are due October 1, 2005. Decisions re funding will be made in early November with the grant available in January 2006. We have provided the assessment (scoring) sheet that the adjudicators will use for the reviews on the website. Applicants are encouraged to review the scoring sheet.

Are there any tips that can be offered to applicants?

Applicants need to be sure to review the funding criteria and the scoring sheet carefully. The Endowment Council has attempted to be as explicit as possible.

It is always helpful to have people who have successfully received grants to review the proposal. These people may be within your own organization or within SACME. Ask

them to review the proposal using the scoring sheet. Leave enough time so that you can respond to the feedback in revising the proposal.

An article that may prove helpful in guiding the development of a proposal is Penrod J, Getting funded: Writing a successful small- project qualitative proposal, *Qualitative Health Research* 2003; 13(6)821-832.

What are the challenges for the Council?

Our biggest challenge involves growing the fund. We are committed to preserving the capital. The reality is the fund is very small and we provide grants of \$5,000. We have created a subcommittee which will be exploring ways the fund can grow. People who have ideas about growing the fund should contact the Council Chair, Jocelyn Lockyer. Her contact information is: e-mail: lockyer@ucalgary.ca, phone: (403) 220-4248, fax: (403) 270-2330.

RESEARCH ENDOWMENT COUNCIL AWARD PROFILES

This issue INTERCOM profiles one small grant award from the SACME Endowment Council, Kevin Ewa, PhD

INTERCOM is pleased to profile award winners along with abstracts for their research. Watch for other profiles in upcoming issues. If you are seeking funding, visit the SACME web site for more information.

Examining the problem with experience: Does practice make physicians more susceptible to premature closure?

Kevin W Eva, Ph.D.

Assistant Professor & Associate Chair, Department of Clinical Epidemiology and Biostatistics
Program for Educational Research and Development
McMaster University

John PW Cunnington, MD

Associate Professor, Department of Medicine, McMaster University
Director, Physician Review and Enhancement Program, CPSO

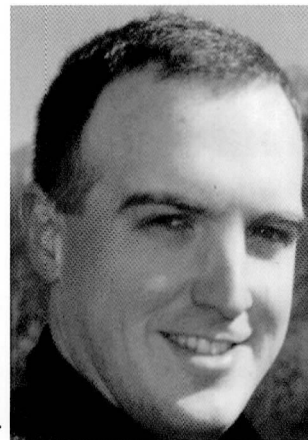
Jacqueline G Wakefield, MD,
CCFP, FCFP
Professor Emeritus, McMaster University

Director, Module Development and Research, The Foundation for Medical Practice Education

In a recent systematic review Choudhry and colleagues found that 73% of 62 studies evaluating the relation between years of experience and quality of health

care showed some degree of decreasing performance with increasing experience. Due to demographic drift, however, Canadians can anticipate becoming increasingly reliant on the expertise of older physicians, thereby making it important for the successful design of continuing education efforts to develop an understanding of the impact of age-related cognitive tendencies on expertise.

While Choudhry, et al.'s analysis makes a compelling argument for the tendency of physicians to lose track of the state of the art, there is an aspect of expertise that



cannot be accounted for by the outcome measures utilized in their review – experience (Norman and Eva, 2005) Physicians who have been in practice longer do appear less likely to keep up-to-date, but they also appear to have more accurate diagnostic skill, at least when only minimal information is available (Eva, 2002).

The most parsimonious explanation for the existing pattern of data is one in which an age-related decline in the analytic contribution to diagnostic reasoning is accompanied by stability in non-analytic contributions (Eva, 2002, 2005). We have begun testing this model by adapting an “information order” protocol in which physicians are asked to diagnose a case history within which the order of feature presentation has been manipulated. In doing so we hope to reconcile the discrepancy that has been observed in the literature as well as begin to question whether or

not intentional adoption of particular diagnostic strategies can be taught and implemented to improve the clinical performance of struggling physicians

Choudhry, N K , Fletcher, R H , and Soumerai, S.B. (2005) Systematic review: the relationship between clinical experience and quality of health care. *Annals of Internal Medicine*, 142: 260-273

Eva KW (2002) The aging physician. Changes in cognitive processing and their impact on medical practice. *Academic Medicine*, 77, S1-S6

Eva KW (2005) What every teacher needs to know about clinical reasoning. *Medical Education* 39:98-106.

Norman GR, Eva KW. (2005) Does clinical experience make up for failure to keep up to date? *ACP Journal club* 142 A8- A9.

SACME 2005 SUMMER RESEARCH INSTITUTE HIGHLIGHTS

By Joan Sargeant, M.Ed.

SACME held its bi-annual Summer Institute for CME Research at Dalhousie University, Halifax, Nova Scotia, June 25 - 29. We were pleased to welcome 23 registrants, 17 from Canada, 5 from the United States, and 2 international registrants. The latter deserve a special mention - Carrol Terleth, a SACME member from the Netherlands, and Young-Mee Lee from Korea, a visiting scholar with Dalhousie over the past year. Participants brought a rich diversity of professional backgrounds as educators, clinicians, and researchers, and came from university and hospital CE offices, clinical departments, government and non-profit organizations, and industry. They also brought a range of experiences in CE and in research, from those relatively new to the fields to those with much experience and expertise.

Faculty too brought a wide range of skill and experience, including the SACME leadership team, Martyn Hotvedt, Craig Campbell, Jocelyn Lockyer, Michael Fordis; SACME members Jack Kues, Michael Allen and Doug Sinclair (the latter 2 also from Dalhousie), Laure

Perrier from the University of Toronto's CME Office and responsible for the Research and Development Resource Base, and a number of Dalhousie and hospital faculty and staff. The diverse and synergistic contributions from faculty and participants made fit a rich and challenging week.

This year's Institute was further strengthened through the support of the SACME Research Committee. Wishing to enhance opportunities for development of research skills, the Committee provided four \$500 bursaries to assist with participant attendance. Registrants applied for the bursaries, describing their research interests and projects. We're pleased to announce that the recipients were

- Young-Mee Lee, Korea University College of Medicine, Seoul, Korea
- Marisa Finlay, Princess Margaret Hospital, Toronto, ON
- Mary Turco, Dartmouth-Hitchcock Med. Ctr., Lebanon, NH
- Beverly Zwicker, Dalhousie University, Halifax, NS

Similar to past years, the Institute had two main objectives. The first was to provide a foundation in CME research for those relatively new to the field and a review for those more experienced. The second was to provide the opportunity for networking, consulting with experts, and building lasting professional relationships. Based upon a needs assessment, mornings consisted of overview presentations on topics such as research questions and designs, searching the literature, quantitative, qualitative and mixed research methods, and writing for publication. Smaller concurrent workshops were offered in the afternoons, addressing topics like using clinical and objective data in CME research, critical appraisal of the literature, conducting focus groups and qualitative analysis, along with time for small group work and consultation. The Institute concluded with a session on "Linking theory with practice: Applying what has been learned", to help participants develop individual plans for translating their learning into practice when they returned home. An additional objective, of course, was to have fun, aided by the lovely warm weather and varied social activities which made maximal use of Halifax's waterfront location.



From evaluations and participants' comments, it appears that the Institute was again a success with learning and the creation of new relationships and networks the outcomes. And as always, participants and faculty reflected and offered helpful suggestions for strengthening it further in years to come.

Left to Right:

First Row: Monica Kunz (woman in blue sleeveless v-neck), Jocelyn Lockyer (woman in flowered dress), Beverly Bulmer, Nicolette O'Connor, Beverly Zwicker, Alison Verrall

Second Row: Craig Campbell, Michael Fordis, Marisa Finlay, Mary Turco, Young- Mee Lee, Joan Sargeant, Minda Miloff, Heather Milliken, Tina Strack

Third Row: Marty Hotvedt, Bob Morrow, Steven Kawczak, Paul Abbass, Jennifer Jones, Brooke Johnson, Dean Harold Cook, Carrol Terleth, Emily Gruelle, Michael Allen, Naomi Moeller

Missing: Nana Adjei, Kathleen Shipp

**Take advantage of the SACME listserv for members.
Lively, collegial discussions on topics of interest to academic CME.
Members may email sacme@lists.wayne.edu**

CME COMMERCIAL SUPPORT AND BUREAUCRACIES

By Jack Kues, Ph.D.

University bureaucracies prefer to have everything fit into nice neat slots. There are forms, processes, and procedures to deal with just about everything. Commercial support for continuing medical education activities has been an anomaly for university administrators. Identifying commercial support as an "unrestricted grant" required us to sit for hours with the director of our Director of Sponsored Programs until they were convinced that it was not a grant. There was no RFA, no detailed proposal, and no specification on overhead rate. The Director of OSP suggested that it must therefore be a "gift" to the university. The university has a foundation set up to deal with gifts so we spent some time talking with our Foundation Director. At first they were convinced that it was, in fact, a gift in support of specific educational activities. For a time they sent out thank you letters to drug reps and other pharmaceutical company executives. The Foundation also charged us a "gift tax" for "processing and managing" our gifts. Since Foundation Officers were required to be part of the gift elicitation, we had to figure out who "got credit" for our gifts. Ultimately, the medical center attorneys decided that whatever we called the money,

it constituted a contract and I was not permitted to sign whatever letter of agreement passed between the university and the commercial supporter. Furthermore, as a university contract, it required processing with the university's form A-910 that can take up to two weeks just to get the required university signatures. Every Letter of Agreement is carefully scrutinized by at least one, sometimes several, university attorneys. They scratch out the same paragraphs on each LOA and the process of revising the LOA often goes through several iterations before it is completed, signed, or lost. It certainly appears that the length of time to complete a commercial support transaction rises exponentially with the number of attorneys involved. I have tried repeatedly to strike an agreement between the university and various commercial supporters. The combination of rapidly changing players and general disinterest in making things more efficient kept me from making any appreciable progress. I suspect that I am not alone in my experiences and I wonder whether this might be something that could be addressed as an organization (SACME) in cooperation with ACCME or a group of commercial supporters.



NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

By Alejandro Aparicio, M.D., FACP

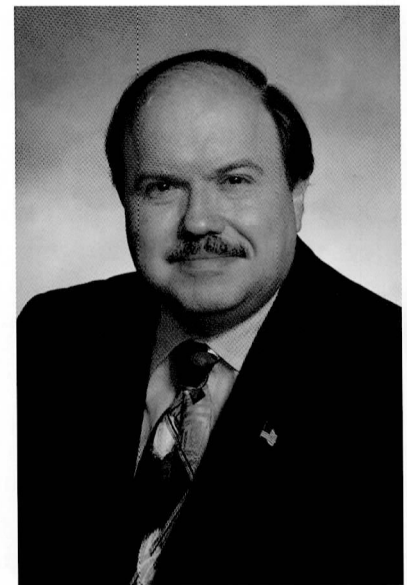
The Division of Continuing Physician Professional Development (CPPD) has been working on the revision of the Physician Recognition Award booklet. Since the last booklet, there have been several additions to the types of educational activities that Continuing Medical Education providers can certify for AMA PRA Category 1 Credit. All these new formats will be included in the new version. New formats include Test item writing, Manuscript review, Performance Improvement, and Internet Point of Care. Under the direction of the Council on Medical Education there is also an effort to make the booklet more user friendly and more consistent with the Accreditation Council on Continuing Medical Education requirements. The draft of the new version will be presented to the Council at its November meeting and, if approved, should be available in early 2006. The staff of the Division plan to make a presentation on the new version at the Alliance for Continuing Medical Education meeting in January.

The Division is also continuing to offer its regional conferences. There are two scheduled this year. The Mid-Atlantic Regional Conference will take place in Baltimore Maryland on October 23. The second one, the New York State Regional Conference, will take place on November 10, in East Elmhurst, New York. The SACME membership is well represented in the faculty of both of them. For more information about the regional conferences you can visit the website: <http://www.ama-assn.org/ama/pub/category/12803.html>.

This is an exciting time to be in Continuing Medical Education. Interest in Continuing Medical Education has been increasing over the past few years in the United States as well as other countries. There are several initiatives to help accelerate the changes in CME in order to address the needs of physicians faced with an ever increasing amount of new information. Three of those efforts are the AMA's Initiative to Transform Medical Education, the Association of American Medical Colleges sponsored Institute for Improving Medical Education and the Conjoint Committee on CME Report on Reforming

and Repositioning Continuing Medical Education. SACME is and should continue to be an important part of these efforts. Its members individually participate in many of the discussions and committees. Also, the emphasis on research to arrive at better ways of imparting information will be very useful in guiding the future direction of these changes. SACME's leadership in promoting and supporting those efforts will benefit physicians and patients.

Although our daily work may be in education, and the community that we relate to in our professional lives is largely the educational community, we are also part of a much broader community. Recently we have witnessed the damage caused by hurricane Katrina to the states in the Gulf coast. The thoughts and prayers of the staff of the Division, as well as all AMA members and staff, are with those affected by this disaster.



For up-to-date
information on
SACME activities
visit us often at
<http://www.sacme.org>

SACME WELCOMES NEW MEMBERS

The Society for Academic Continuing Medical Education is pleased to welcome a number of new members to this organization. The following members have been confirmed over the past year.

Alejandro Aparicio, M.D., Director, Div Of Continuing Physician Professional Development, American Medical Association, Chicago, IL

Pamela Arn, M.D., Director of Education, Nemours Children's Clinic, Jacksonville, FL

Gisele Bourgeois-Law, M.D., Associate Dean, Continuing Medical Education, University of Manitoba, Winnipeg, MB

Elizabeth A Bower, M.D., Assistant Dean of CME, Assistant Professor Dept of Medicine, Oregon Health & Science University, Portland, OR

Sue Ann Capizzi, M.B.A., Assistant Director, Division of Continuing Physician Professional Development, American Medical Association, Chicago, IL

Paul Dassow, M.D., M.S.P.H., Assistant Dean for Continuing Medical Education, University of Kentucky, Lexington, KY

Rebecca DeVivo, M.P.H., M.S.W., Director, Dept. of Accreditation and Certification Activities, American Medical Association, Chicago, IL

Marvin A Dewar, M.D., J.D., Associate Dean for Continuing Medical Education, University of Florida College of Medicine, Gainesville, FL

Harry A Gallis, M.D., Vice President for Regional Education/Dir., Charlotte AHEC, Carolinas HealthCare System, Charlotte, NC

Stephanie Giberson, M.C.E., Director, Rural CME, University of Manitoba, Faculty of Medicine, Winnipeg, MB

Zelda Gilliam, Sr. CME Conference Coordinator, Johns Hopkins University School of Medicine, Baltimore, MD

DeVon Hale, M.D., Assistant Dean, University of Utah School of Medicine, Continuing Medical Education Dept., Salt Lake City, UT

Ralph Halpern, M.S.W., Director of Content Development, Tufts Health Care Institute, Boston, MA

Brad J Halvorsen, M.H.A., Director Continuing Medical Education, University of Utah School of Medicine, Salt Lake City, UT

Richard Handfield-Jones, Richard, M.D., CCFP, FCFP, Director of CME, University of Ottawa Office of Continuing Medical Education, The Ottawa Hospital - Civic Campus, Ottawa, ON

Steven Kawczak, M.A., Manager, Cleveland Clinic Center for Continuing Education, Lyndhurst, OH

Jeffrey S Klein, M.D., Associate Dean for Continuing Medical Education, Department of Radiology, Fletcher Allen Health Care, Burlington, VT

David Little, M.D., CME Director, Wright State University, Dayton, OH

Kathryn K McMahon, Ph.D., Associate Professor, Texas Tech Univ. Health Sciences Center, Department of Pharmacology and Neuroscience, Lubbock, TX

Lori McMann, M.S., CME Director, University at Buffalo, School of Medicine and Biomedical Sciences, Buffalo, NY

Keith Muccino, S.J., M.D., Director, Continuing Medical Education, Loyola University - Stritch School of Medicine, Maywood, IL

Genevieve Napier, Director of Continuing Medical Education, Northwestern University's Feinberg School of Medicine, Northwestern CME, Chicago, IL

Rosalie Phillips, M.P.H., Director, Office of Continuing Education, Tufts University School of Medicine, Boston, MA

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Jeannette M Shorey II, M.D.,
Associate Dean for Continuing
Medical Education and Faculty
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for Medical Sciences, College of
Medicine, Little Rock, AR

Carrol Terleth, Ph.D., Director,
Boerhaave Commissie (Leiden
Univ. Medical Center), Leiden, The
Netherlands

Rick Whitbeck, M.A., M.B.A.,
Director, Continuing Medical
Education, Case Western Reserve
University School of Medicine,
Case/UHHS CME Program,
Cleveland, OH

Bruce Wright, M.D., CCFP, FCFP,
Associate Dean, University of
Calgary, Calgary, AB

SACME Membership Statistics

The Society's Executive Secretariat is currently processing membership renewals for the 2005-2006 year. The following applications/renewals have been received.

8 Continuing Members
25 Emeritus Members
6 Honorary Members
160 Voting Members

Thus the total 2005-2006 roster includes 199 members as of September 30, 2005. There are still many members who have not renewed. You will know if you have renewed if you are listed in the PDF and Excel files found in the members' only section at www.sacme.org.

If you have not renewed, you may contact the Executive Secretariat for an invoice by calling 205-978-7990 or emailing sacme@primemanagement.net. You can also renew your dues online at http://sacme.org/dues_payment.htm.

In the midst of the storms.....

During the recent hurricanes on the gulf coast, many of our colleagues were displaced both personally and professionally. Many other colleagues took on roles to uniquely meet the needs of those who suffered from these tragic events. The members of SACME wish to express our concern for those affected. You all are much in our thoughts and prayers. The January issue of INTERCOM will feature an article regarding the impact the storms had on our colleagues.

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UPCOMING EVENTS

October 25-27, 2005
16th Annual Conference of the National Task
Force on CME Provider/Industry Collaboration
Baltimore, Maryland
Website: www.ama-assn.org/ama/go/cmetaskforce

April 5-9, 2005
SACME Spring Meeting
Wyndham Casa Marina Resort
Key West, Florida
Contact: Deb Sutherland (813) 974-4953

November 4 - 6, 2005
SACME Fall Meeting
November 4 - 9, 2005
Association of American Medical Colleges
Washington DC
Contact: Jim Ranieri (205) 978-7990