Society for ACADEMIC Continuing Medical Education
LEADERSHIP • SCHOLARSHIP • COLLABORATION

INTERCOM

In Memory of our Colleague and Friend, Alexander M. Djuricich, MD

It is with great sadness that we write to inform the SACME community of the death of our friend and colleague, Alex Djuricich, MD, who died on Tuesday, June 14, 2016.

Alex was an extraordinary person. He inspired others to reach for new heights. He was not only an excellent physician and educator, but also a wonderful mentor and friend. Alex's SACME colleagues will miss him dearly, not only for his mentorship and support but also for his exuberance and laughter.

Alex had been on the SACME leadership track and served as SACME Vice-President until April 2016. He chaired SACME's Communications Committee, served on several other committees, and was social media editor for JCEHP. During 2015, he was co-chair of the Outreach and Marketing Committee for the 2016 World Congress on CPD Steering Committee.

Alex was a dedicated, passionate member of the Indiana University School of Medicine community for over 14 years, serving as Professor of Clinical Medicine and Clinical Pediatrics and as Associate Dean for Continuing Medical Education, as well as Program Director for the Medicine-Pediatrics Residency. Most recently, Alex was the Education Editor for The New England Journal of Medicine in Waltham, Massachusetts.

Alex was the husband of Nikki Stuckwisch, MD, and father of daughters Monica and Audrey. He is also survived by his mother and brother.

Flowers were sent on behalf of SACME and plans to honor Alex at our Annual Meeting and into the future are being discussed. A memorial and funeral service were held June 18th in Indiana. Use this site for information, to make a memorial donation, or to reach out to Alex's family: http://indiana.obituaries.funeral.com/2016/06/15/alexander-djuricich/. (Click "View Full Notice" to see the information.)

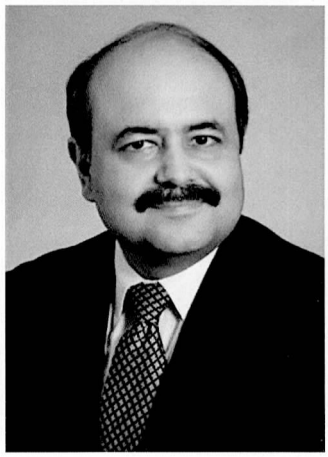
All who knew Alex feel a profound loss. We extend our love and condolences to his family, friends and colleagues.

SACME Leadership Team

In This Issue

From The President

By Ajit K. Sachdeva, MD, FRCSC, FACS
President, Society for Academic Continuing Medical Education
Director, Division of Education
American College of Surgeons

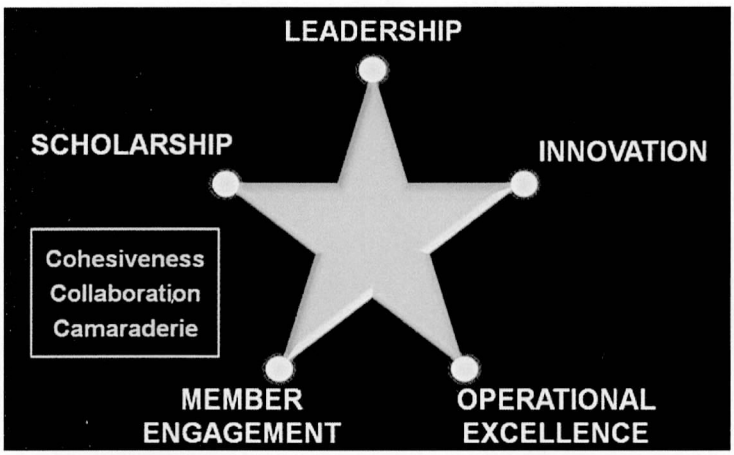


You have bestowed upon me a great honor in electing me as your President. Dr. Mary Turco has left very big shoes to fill and her year as President was outstanding. The 2016 World Congress on Continuing Professional Development (CPD) established new benchmarks on several fronts. The Congress Program addressed key topics in contemporary CPD and the networking opportunities were phenomenal. Discussions throughout this Congress highlighted recent advances in the field of CPD and helped to define work that remains to be done. The befitting tribute to Dr. Dave Davis for his lifelong achievements in CPD was very special. SACME assumed the sole leadership in supporting publication of the Supplement of the Journal of Continuing Education in the Health Professions that will include seminal publications from this Congress. Also, efforts were initiated to write a definitive book on CPD under the aegis of SACME, with Drs. William Rayburn, Dave Davis, and Mary Turco as Editors.

The year ahead presents tremendous promise for SACME. There has never been a more opportune time for SACME to excel in a national and international leadership role in the field of CPD. The milieu of health care continues to evolve rapidly; science and technology continue to advance at an unprecedented pace; and the needs of patients, their families and caregivers, and the public continue to change. CPD is the solution to a spectrum of vexing challenges in this dynamic and complex environment. SACME is the premier academic society in the field of CPD and through its unsurpassed leadership, innovation, and scholarship can make an enduring difference. The focus of our activities needs to be on excellence and expertise in all our endeavors.

We need to empower and engage our Members and recruit new Members to bring to the Society special expertise in certain domains. The Society needs to continue to attract Members from diverse backgrounds including physicians, professional educators, researchers, directors of CME offices, and individuals in key leadership positions in medical schools, academic health centers, and specialty societies. Within the "big tent" of SACME, the needs of each of the aforementioned groups must be addressed and individuals from all backgrounds offered the opportunity to lead, excel, grow professionally, and contribute actively to activities of the Society. Opportunities for cross-pollination across various constituencies of SACME must be actively pursued. Operational excellence within administrative structures and processes is essential to achieve the best results with the greatest efficiencies and parsimonious use of resources. We need to establish systems that will yield the greatest productivity and yet remain nimble. Pursuit of cutting-edge scholarship in the field of CPD and interprofessional education will continue to set us apart from other professional organizations. We need to lead major scholarly efforts and these efforts should focus on the scholarship of discovery, as well as the scholarship of integration, scholarship of application, and scholarship of teaching, as defined by Ernest Boyer from the Carnegie Foundation several years ago. With the intellectual capital within SACME, pursuit of innovation must be woven into the fabric of everything we do. We need Members whose strength lies in unbridled creativity in CPD, Members who possess exceptional skills in supporting and advancing the creative CPD models, and Members who are experienced in ensuring sustainability of such models for the future. We also need to provide bold, audacious and visionary leadership in the field of CPD and create opportunities heretofore considered impossible. This leadership needs to come from a variety of individuals in a distributed model. All these goals will need to be achieved through a pervasive spirit of cohesiveness, collaboration, and camaraderie. I have proposed the following 5-point Agenda to the Board of SACME for the year.

From the President (cont. from page 2)



This Agenda builds further on past activities of SACME, and recent efforts of the Strategic Affairs Committee led by Drs. Moss Blachman and Barbara Barnes. Finally, in our aggressive march forward, we cannot afford to lose the special culture of SACME that has endeared individuals to the Society and has been the formula for our success. It will take "a village" to achieve the audacious goals we are proposing. I am truly excited about the opportunities ahead and look forward to working with each of you as we reach unprecedented heights!

Thank you again for this great honor, for which I will be eternally grateful. Please do not hesitate to contact me at any time with ideas, suggestions, and feedback. My e-mail address is asachdeva@facs.org and phone number is (312) 202-5405.

Communications Committee

By Stacey Samuels, MA

Do you wish SACME could more effectively reach you with pertinent information? If you think about the role of the communications committee, are you left to your best guess? Do you have a pet project that would improve the ability of our members to communicate with one another or create infrastructure for professional development and support? If you answered yes to any of these questions, I encourage you to send me a note at Stacey.Samuels@ucsf.edu (Communications Committee Chair).

Serving on the committee is a great way to connect throughout the year with various individuals in CPD, since communication is part of the committee charge. Please feel free to drop in on any of our monthly meetings. Meetings are the last Thursday of each month at 3PM Central Time. Details are always available from Stacey Samuels or Jim Ranieri, SACME's full-time administrator, by inquiring to info@sacme.org.

The Communications Committee is formally charged with:

- Transferring information among members;
- Transferring information between the Society and other organizations and individuals; and
- Finding ways to facilitate ongoing interaction among the members of the Society.

The committee currently has seven active members, all committed to fostering an open culture of worthwhile effort, collegiality, and fun.

Getting to Know AAMC's Council of Faculty and Academic Societies

By Nancy Davis, PhD

If you are like me, you may have attended numerous SACME business meetings and listened to the reports of Officers and Committee Chairs and then one mysterious report from SACME's representatives to Council of Faculty and Academic Societies (CFAS) or Council of Academic Societies (CAS) as it was known until two years ago. SACME has been represented on the Council of Academic Societies (CAS) for many years, but there was never any direct activity between the two organizations. Janine Shapiro, MD, Associate Dean for Faculty Development, University of Rochester School of Medicine & Dentistry; and Nancy Davis, PhD, Assistant Dean, Faculty Development, University of Kansas School of Medicine serve as SACME's CFAS representatives. We would like to share a little insight so we can all be better informed and have an opportunity to leverage this affiliation

The Council of Faculty and Academic Societies (CFAS) provides a strong voice for academic faculty within the AAMC's governance and leadership structures. It is comprised of more than 360 faculty representatives appointed by member medical schools and academic societies. The council is charged with.

- Identifying critical issues facing faculty members of medical schools;
- Providing a voice for faculty about those issues to the AAMC as they relate to creation and implementation of the AAMC's programs, services, and policies; and
- Serving as a communications conduit with faculty regarding matters related to the core missions of academic medicine.

There are two pathways to CFAS membership

Medical school designation
Each AAMC member medical school may appoint two representatives, one faculty member within 10 years of initial career faculty appointment, the other a department chair, division chief, institute/center director, or comparable leader.

Society designation
Each member academic society may appoint two representatives, one representative within 10 years of society membership, the other a more senior member of the society SACME has not yet instituted this new policy for including a junior member, but will in the next selection

CFAS representatives elect a 15-member administrative board to lead the council's activities The chair and chair-elect of CFAS serve as ex officio members of the AAMC Board of Directors. These seats on the AAMC Board provide direct access and the voice of faculty and academic societies to AAMC leadership

With the reorganization of CAS in 2014 to now include faculty from each medical school and with new leadership there is a renewed energy at the Council and an empowerment of these constituents For example, the Council spoke loud and clear about the separation of medical education from the AAMC annual meeting

The Spring meeting of CFAS was held March 3-5 in Salt Lake City It was particularly interesting as it combined three AAMC groups· Organization of Resident Representatives, Group on Diversity & Inclusion along with CFAS. That provided rich discussion and opportunity to network outside our usual constituent groups. The next meeting will be held at the AAMC annual meeting, November 11-16 in Seattle

Now you know what to expect from the next CFAS report at SACME business meeting For more information, suggestions or questions contact Nancy Davis, ndavis5@kumc edu or Janine Shapiro, janine_shapiro@URMC.Rochester edu

ABMS, NPSF Issue Joint Call for Patient Safety MOC Activities

By Ruth Carol, Communications Writer, ABMS

The American Board of Medical Specialties (ABMS) and National Patient Safety Foundation (NPSF) are inviting members of the continuing medical education (CME), patient safety, and quality improvement communities to submit web-based, accredited CME educational activities for review and inclusion in the ABMS MOC Directory, powered by MedEDPORTAL's CE Directory (Maintenance of Certification Directory).

Introduced in October 2015 by ABMS, in partnership with the Association of American Medical Colleges, the MOC Directory offers Member Board diplomates easy access to a comprehensive, centralized repository of approved activities across medical specialties and subspecialties that meet the requirements for one or multiple ABMS Member Boards' Maintenance of Certification (MOC) programs.

Activities ABMS and NPSF are seeking should address one or more of the following specialty and practice specific priorities:

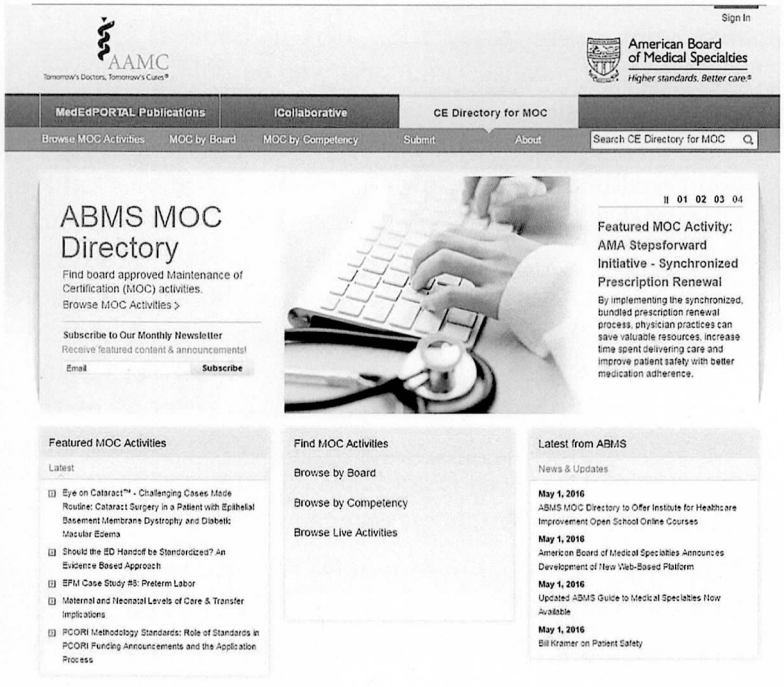
- Safe and effective diagnoses
- Diagnostic pitfalls
- Safety in the ambulatory care setting
- Engaging the team in diagnostic accuracy
- Engaging patients and families
- The role of health information technology in diagnostic accuracy
- Simulation experiences that improve team communication
- Specialty considerations for diagnostic accuracy
- Medication safety

Accredited activities that satisfy the requirements for *Lifelong Learning and Self-Assessment* and *Improvement in Medical Practice* are eligible for submission. Approved practice-relevant safety activities will integrate the core competencies defined by ABMS and the Accreditation Council for Graduate Medical Education, and meet the needs of diplomates of one or more Member Boards. All approvals will be determined by the Member Boards.

To date, more than 380 activities, many of which have been approved by multiple Member Boards for their diplomates' use, are indexed in the MOC Directory. Among the MOC safety education programs already in the MOC Directory is NPSF's Patient Blood Management through the Lens of Patient Safety.

Ninety-four percent of diplomates rated the activities in the MOC Directory as "good, very good, or excellent," with 96% stating they would recommend the activities to a peer, and that the content learned will improve their practice. This is according to a survey of 3,060 diplomates certified by various Member Boards who have completed an activity in the MOC Directory. It also has been embraced by CME providers as the MOC Directory's common submission form offers a simple way for providers to submit and receive approval(s) for MOC credit.

For more information about the joint call for patient safety MOC activities, contact Susie Flynn, ABMS' Director of Academic Services, at sflynn@abms.org or (312) 436-2563.



AAMC Update

By Carol Goddard,
AAMC, Medical Education

The AAMC has named **Alison J. Whelan, MD**, as the association's new chief medical education officer. Dr. Whelan is currently Senior Associate Dean for Education and Professor of Medicine and Pediatrics at Washington University School of Medicine in St. Louis. In her new role, she will lead initiatives to transform the current models of education and workforce preparation across the full continuum of medical education, and will direct AAMC efforts that support medical education officers, regional campuses, education researchers, students, and residents. Dr. Whelan will join the AAMC in early October, 2016.

The AAMC has also named **Lisa Howley, MEd, PhD**, as Senior Director of Educational Affairs. Dr. Howley is an educational psychologist with extensive experience across the continuum of medical education. Most recently, she held the position of assistant vice president of medical education and physician development at Carolinas Health System in Charlotte, N.C., Dr. Howley joined the AAMC in early February. In this new role, Dr. Howley supports the strategic planning for activities and innovations related to the Group on Educational Affairs, the Group on Regional Medical Campuses, and the Organization of Resident Representatives, as well as other educational initiatives.

The seventh biennial **AAMC/SACME Harrison Survey** was conducted in late 2015. Of the 269 eligible academic CME/CPD units, 155 (58%) responded to the survey. Of these, 90% were in the U.S., 10% in Canada. The final report is under construction and will be published online in the near future. However, preliminary results suggest that we have found that the CME/CPD office is shifting its traditional image as an isolated, passive educational entity. First, CME/CPD is increasingly integrated into the functions and mission of the academic medical centers, academic health systems, and medical schools of the United States and Canada. Second, it demonstrates numerous examples of innovation and scholarship in educational design and operation. Third and finally, possibly as a result of the first two elements, there is a growing focus on assessing the impact of CME/CPD activities on learner competence, performance, and healthcare outcomes.

The **Joint Working Group (JWG)** comprised of the leadership of SACME and the AAMC GEA CEI section held its annual retreat this past April, with a focus on the relationship between the strategic goals of SACME and CEI, and where the groups combine in their efforts. The JWG refined their direction and identified specific areas of attention. One particular development was the review of the **Self-assessment Instrument for Faculty Leaders in Academic Medical Centers**—a 360-degree survey tool that can be used for self-assessment and for feedback from students/residents, colleagues, and supervisors. This survey will continue to be further developed for distribution in the near future.

The **AAMC Group on Educational Affairs (GEA)** held a highly successful meeting in May 2016 of representatives from the entire GEA leadership across the medical education continuum, including the GEA steering committee, each of the four regions (Central, Northeastern, Southern, and Western), and all four sections (Undergraduate Medical Education—UGME, Graduate Medical Education—GME, Continuing Education and Improvement—CEI, and Medical Education Scholarship Research and Evaluation—MESRE). This meeting served as a reinforcement of the direction of the GEA along a continuum of medical education to inspire learners from medical school to practice who serve the public, promote health, and improve care.

SACME 2017 ANNUAL CONFERENCE

Cutting Edge CPD: US and Beyond US Borders
May 17 - 20, 2017

The SACME 2017 Annual Conference is the first annual conference in its 40 year history. This milestone conference will be held at the JW Marriott Camelback Inn in Scottsdale, Arizona on May 17 - 20, 2017. This annual conference will boast national and international speakers with a focus on global health education, beyond the borders of the United States. Featured presentations include: a SACME Presidential Address, the Top Five Trends in CME/CPD, and Innovative Assessments from the American Board of Medical Specialties.

Be a part of SACME's history and participate in this first annual conference. Visit SACME's website: http://www.sacme.org/ for details on the conference program and registration. Abstracts will be accepted until **Tuesday, August 16, 2016** for the following categories: Research in Continuing Medical Education (RICME); Best Practices and Innovations in CME/CPD; Facilitated Poster Session; and a three-hour workshop.

For questions, please contact SACME's office at 205-978-7990 or via email: info@sacme.org.

Is your CME/CPD role perceived as adding value? Is your function viewed as a strategic asset?

A fistful of ideas to give your program added punch

By Ginny Jacobs, M.Ed., MLS, CHCP

I suspect many have heard the quote .

"Your customer's perception is your reality."

In the field of medical education, too often it seems the perception held of the Continuing Medical Education / Continuing Professional Development (CME/CPD) function is not a positive one The view some individuals hold of "CME" (hereinafter referred to as CPD) depicts a role that is narrowly defined and sadly misunderstood as it is thought to be a place that promotes "busy work" As a profession, we need to position ourselves within our organizations to be seen as consistently adding value to the caliber of teaching, the overall quality of education, and the resulting improvements in the quality of care being delivered by our learners.

In my view, in too many settings, the CPD group is marginalized, poorly funded, reduced to an ancillary administrative function, and positioned in a manner that does not allow it to be seen for the true value it can bring to the healthcare delivery system That is not where the story should end. Our focused work as a community should help shape an accurate view I appreciate the optimistic words of Virginia Satir, American author and social worker who said ...

"We must not allow other people's limited perceptions to define us."

What follows are a handful of thoughts for how we can enhance the view of CPD and not be defined by others' limited perception While these ideas may not be novel, they are intended to serve as a reminder that we can (and must) work together to consistently frame the role of CPD in a powerful light

Here are **five things** we can do to portray a more **comprehensive view of CPD's value** in **educational planning, delivery, and evaluation**·

1) **Be sure to focus on the purpose (the 'WHY') behind our work.**

The value delivered by the CPD function varies greatly across different organizations The negative image some have of CPD depicts a bureaucratic office introducing burdensome paperwork and maintaining files – for reasons that are not entirely clear ***Not exactly demonstrating our value now, is it?***

We have a responsibility for taking steps to change that unfortunate view

For starters, we have to consistently think of what message we send (either consciously or unconsciously) in each of our interactions with clients, prospective clients, and participants We must find ways to leverage our unique set of skills as adult learning specialists and educational consultants At the end of the day, we should be focused on improving the quality of care that our learners provide to their patients

When addressing accreditation requirements with prospective clients and/or planning groups, it is easy to get hung up on the 'what' and 'how' and the documentation surrounding the process However, it is best to emphasize the goals of the planning and evaluation process, the 'why' or purpose behind the policies and/or practices we have in place.

For example, when you engage in a discussion with a caller (a prospective client) who wants to partner with you as an accredited provider, which of the following responses demonstrates an emphasis on the value-added services you provide?

SCENARIO # 1

"I will send you the application which you need to complete in order to request credit for this educational activity Be sure to identify professional practice gaps and translate those into educational needs by listing the learning objectives. In addition, I will forward you blank disclosure forms which need to be completed by everyone involved in the activity to reflect any financial relationships the individuals may have with commercial interests."

Well now….. Does that sound at all bureaucratic and overly focused on the 'what' and 'how'? Hmmm, not even a hint of the 'why'!

----- OR -----

SCENARIO #2

"We look forward to working together with you to ensure a well-planned and transparent process for developing impactful and engaging educational content Of course, in keeping with sound instructional design principles, it will be important to document the needs you have identified in our healthcare system and how we will plan to address them through this education.

In order to help you structure the education and assess its impact, we will want to work with you to make certain we develop meaningful learning objectives – ones that speak to the changes in behavior or decision-making you hope to see following the delivery of this educational content

It will be important to ensure the content delivered is well-balanced and free of the influence of commercial interests As you undoubtedly know, even the slightest perception of commercial bias can be detrimental to patients as well as our ability to effectively motivate learners to make positive change in practice. For that reason, we will partner with you and all members involved in the content development and/or delivery to ensure financial relationships are disclosed and any conflicts of interest are identified and resolved in advance in a transparent manner

We can explore ways to introduce innovative delivery methods so that we engage learners and make the best use of their time All of these efforts should advance our mutual goal to provide valuable tools and resources that result in the healthcare team's ability to achieve optimal patient outcomes "

A bit wordy, I will admit, but…..Would you agree the second scenario is more effective in conveying the value or purpose (the 'why') behind our work?

We must portray a supportive plan to fully engage our role as an educational consultant – a valued expert who is equipped to help content experts raise the bar on the quality of the education they deliver.

In his book, Start with Why: How Great Leaders Inspire Everyone to Take Action, Simon Sinek describes the pitfall that many organizations face They discuss WHAT they do and HOW they do it, however, they often fall short on conveying the WHY behind their work. The 'why' should be an element that is core to every encounter, every message, every interaction we have.

I believe that advice should be applied to our work as accredited providers I don't believe the Accreditation Council for Continuing Medical Education (ACCME) should be positioned as 'the bad guy' – the one insisting on frivolous practices or documentation. After all, the focus of the ACCME is to ensure that planning processes are meaningful, effective mechanisms are in place to guarantee conflicts of interest are managed and resolved, and adult learning principles are effectively applied. Sounds familiar, right? We share those goals and accordingly, we should find ways to reinforce our common need to raise the bar on the quality of the education that is delivered (the 'why')

2) Provide a helpful, condensed translation of CME requirements, avoid the use of the word 'form' and do not assign mounds of paperwork to those who wish to pursue credit.

Our goal should be to simplify the process for offering credit and to make it approachable. It does us no good to try and impress anyone with the system's complexity. If we want to be seen as valuable and relevant partners in the educational planning process, we need to translate the CME language into words that are easily understood by our clients If we want to avoid being seen as bureaucrats or (worse yet) file clerks, then we must be sure to avoid immersing ourselves in discussions about 'paperwork' Stop referring to the 'forms' and documents that individuals need to complete in order to apply for credit Rather, be sure to provide a clear roadmap and describe the purpose behind the steps that are involved in a request for credit Avoid giving people paperwork to fill out, and instead offer to work together through the process of documenting the 'thinking behind the planning' of an educational activity Be willing to take the time to be a true consultant in the process.

3) Broaden the lens used to view our field and deliberately seek connections to the bigger picture

I appreciate the commentary made by Dr. George Thibault in the May 2016 issue of the Journal of Graduate Medical Education. It is entitled, "The Importance of an Environment Conducive to Education" In that piece Dr Thibault notes "We need to stop thinking of education and health care delivery as two separate systems, but rather think of them as united in the common goal of improving the health of the public they serve."

Understandably, the issues facing healthcare are daunting to say nothing of the tsunami of acronyms that accompanies each topic That alone could potentially tempt one to narrow their focus and hide out in a cave. However, in order to remain relevant, this is a time more than any other which calls for CPD professionals to step back and broadly look at ways to connect to the larger healthcare landscape.

We need to pursue professional development for ourselves and for additional members of our CPD staff and community. It is critical for us to be continuous learners and pursue answers to key questions in order to pursue important, well-informed connections These are the connections that should result in meaningful linkages across the continuum (UME, GME, CME), across all members of the healthcare team, and across the system of quality metrics, patient safety, and performance improvement.

4) Find ways to emphasize our expertise in educational planning, design, and evaluation. *(We must not be shy about what we can contribute, and we cannot afford to wait for a formal invitation.)*

We should call attention to the value that CPD contributes as experts in the field of educational planning Just as you value the clinical expertise of your activity directors and faculty, it is important that we demonstrate how the expertise held by those in the CPD office can help planners and presenters arrive at optimal solutions in terms of instructional design, content development/delivery, and evaluation In settings where CPD is not viewed as a strategic resource, I expect we will not likely receive a formal, engraved invitation For that reason, we need to be innovative and find creative ways to get into the conversation so we can demonstrate the value we have to offer. **If we don't have an official place at the table, perhaps we simply need to bring our own chair!**

5) Model QI principles in our work

It is important for the CPD office to set the proper tone in terms of applying the principles of quality improvement (QI). Modeling behavior can be one of the most effective ways to drive change. In essence, it means we should practice what we preach. We should apply the Plan-Do-Study-Act (PDSA) approach to all of our planning and evaluation efforts (from an activity and program level) We must take a thoughtful, serious view of the needs that exist in the practice of educational design and development and make sure we are never "too busy" to take the time required to establish performance goals and conduct formal debriefs of an educational activity or programmatic initiative

For those who do not see CPD as a strategic asset, we have a responsibility to change their perception and align their view with what we know to be true Remember every single interaction is an opportunity to enhance or strengthen the image of CPD's role Every exchange allows us to demonstrate our capability and reinforce the value we can bring to the educational planning and evaluation process

The 'fistful of ideas' presented in this article are intended to help CME/CPD programs deliver a knock-out punch. Done right, CME/CPD should be viewed as a powerhouse of educational planning and evaluation expertise – a group of knowledgeable consultants uniquely positioned to help raise the bar on -

- the caliber of teaching,
- the level of learner engagement,
- the ability to promote a broad array of competencies (so as to develop well-rounded professionals),
- the resulting impact of the education

Bottom line, our strategic value should be clear as we strive to make improvements in the quality of care being delivered by our learners to the patients for whom they care

****

CALL FOR ABSTRACTS IS NOW OPEN!

View and submit at www.sacme.org

SCOTTSDALE!

NATURE'S CANVAS

2017 SACME Annual Meeting
May 16-20, 2017
JW Marriott Camelback Inn Resort & Spa
Scottsdale, Arizona

OUR VISION

To be the premier academic continuing medical and interprofessional education society that advances the field of continuing education in the best interest of patients and communities.

OUR MISSION

To promote the highest value in patient care and health of the public through the scholarship of continuing medical and interprofessional education.

SACME is committed to the following actions

1. *Advance the theory and evidence to improve continuing education of clinicians, educators, and researchers.*
2. *Study the planning, implementation, and evaluation of continuing education programs and activities.*
3. *Collaborate to solve complex challenges facing leaders, clinicians, educators, and researchers in the field of continuing education.*
4. *Support scholarship and dissemination of continuing education, including discovery, integration, application, and teaching.*
5. *Guide the development of an interprofessional infrastructure necessary to improve continuing education to better serve patient care.*
6. *Address the full range of professional competencies required for excellence in clinical practice and education.*

Society *for* ACADEMIC
Continuing Medical Education

LEADERSHIP • SCHOLARSHIP • COLLABORATION

If this mission, vision, and guiding principles are of interest to you, please learn more about SACME at

www.SACME.org

and consider joining as a member of the organization.

UPCOMING EVENTS

Association for the Study of Medical Education
July 6-8, 2016
Belfast, Northern Ireland

AMEE/GAME Conference
August 27-31, 2016
Barcelona, Spain

Alliance Quality and Innovation Summit
September 26-28, 2016
Cleveland, Ohio

AAMC: Learn, Serve, Lead
November 11-15, 2016
Seattle, Washington

Alliance Annual Conference
January 26-29, 2017
San Francisco, California

SACME Annual Meeting
May 16-20, 2017
Scottsdale, Arizona

See www.sacme.org for updated events.

twitter

Be sure to follow @SACME_ on Twitter!

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, Email: info@sacme.org.

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

INTERCOM

Newsletter of the Society for Academic
Continuing Medical Education
3416 Primm Lane
Birmingham, AL 35216
Address Service Requested

Joyce Fried
David Geffen School of Medicine at UCLA
10920 Wilshire Blvd, #1060
Los Angeles, CA 90024-6512