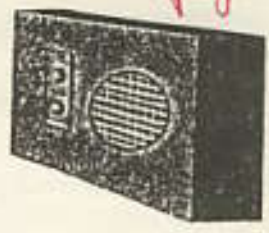




InterCom

Newsletter
of the



Society of Medical College Directors of Continuing Medical Education

Volume I, Number 1

January, 1987

IF WE WERE to choose a theme for this time in our lives, we might well select *transition*. Certainly there is transition both in medical care and in medical education.

In New Orleans at our jointly-sponsored session with the AAMC Group on Medical Education, Leonard A. Katz, M.D., Professor of Medicine, State University of New York at Buffalo, presented a paper on the impact of new health care organizations upon the education of physicians. Dr. Katz is Associate Director of Health Care Plan, an established HMO.

On this same theme, the September 1986 issue of the *Journal of Medical Education* printed an article about the potentially profound effects of "competitive health care systems" on education for health professionals.

Not long ago an investor-owned hospital chain, highly regarded in the financial community, announced a reduced hospital occupancy which the corporation had not anticipated. As the stock price tottered and plunged, one financial analyst observed that the worst problem was that management had not forecast the fall-off and planned for that change.

Mind you, the cardinal management sin was *neglecting to predict* the revenue reduction and *failure to present reasonable alternatives!*

A serious transition is occurring in our own field. Evidence mounts that more and more CME programs in medical schools show increased signs of duress in the rising

This is the first issue of InterCom, inaugurated to serve as a channel of communication with the members of SMDCME. It is our plan to publish the newsletter at least once each quarter. We welcome your comments as well as contributions to future issues.

—Harold A. Paul
President

battle for adequate financial and management resources. In a sense, this is not a new problem but a significant re-play of an old problem.

As the saying goes: "The times they are a-changin'." Environments change. People themselves change. Their chosen organizations must also change.

What should our organization be doing to cope with transition?

First, it seems to me, we need accurate analyses of the most important transitions we face. To be useful, these must be careful analyses, executed as objectively as possible.

Next, we may need to re-examine our goals to see how they fit into this transitional time. We need well-conceived strategies that take into account our analyses and our goals. These should be strategies for intelligent management of each significant transition.

Finally, isn't it true that pervasive changes in human environment will bring about change in us as human beings? How should we as individual members of a fascinating and complex race work for desirable change in ourselves?

At New Orleans we devoted significant conference time to the work of the Committee on Future Directions. The key question for us is this: What are the imperative new avenues for SMDCME? And what are the best mechanisms to adopt in order to move effectively into those new avenues? The ultimate role of our organization depends on how we answer these questions.

—Harold A. Paul

Reference:
Vanselow, Neal A. and Kraleski, John E. "The Impact of Competitive Health Care Systems on Professional Education", *Journal of Medical Education*, 61:9:707 September 1986

RESEARCH NEWS. . .

New Proposal Received

The Research Committee is evaluating a proposal from member Dave A. Davis to assist in the development of a continuing medical education research and development database (RDRB).

In his proposal Dr. Davis points to the following trends in this decade that indicate the need for such a data base:

First, an increase in the number of studies each year that attempt to assess outcomes of "specific CME interventions."

Second, increased awareness of ethnographic and other techniques that could enrich the total understanding derived from research.

Third, increased interest in shared information about CME research.

Fourth, increased awareness of sound principles of adult learning with new approaches that use these principles.

If the RDRB proposal is adopted by committee and subsequently by the SMDCME, it is intended that the society will be owner of the project and that any income derived would accrue to the organization.

Change Study Nears Completion

According to principal investigator Bob Fox, all of the teams of chapter authors have submitted first drafts. The concluding chapter is in development. One publisher has requested that a panel of peer reviewers be named to assess the book.

Benefactor Group Honored

Julius Brant, M.D. was the guest of honor at a special event sponsored by SMDCME in New Orleans on Sunday, October 25. Dr. Brant is the immediate past chairman of Medfund, which is administered by Christ Hospital, Oak Lawn, Illinois. This institution provided indispensable funding for the Change Study.

At the recognition event, two presentations were made. Dr. Brant accepted a certificate which paid tribute to Medfund's generous financial support. He also received a handsome plaque for his personal contributions to CME research.

A family practitioner, Dr. Brant is currently serving as president of the medical staff at Christ Hospital.

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FUTURE DIRECTIONS TASK FORCE AIDS SOCIETY'S PLANNING PROCESS

The New Orleans meeting of the society devoted most of the morning of October 26 to a series of group discussions which were requested and planned by the Future Directions Task Force. This task force was appointed by "Dutch" Reinschmidt during his year as president.

Chairman Bob Cullen outlined several areas in which fruitful study and discussion by the whole society was deemed desirable by the members of the task force.

Each of the specific group discussions was led by a former president of the society as follows:

Special Interest Groups (Leader: Gerry Escovitz)

Relationship to Other Professional Organizations (Leader: J.S. Reinschmidt)

Research (Leader: Dick Caplan)

Professional Development of Members (Leader: Oscar Thorup; Reporter: Carol Malone)

Needs Assessment (Leader: George Race)

The Executive Committee will soon review the official reports and, where appropriate, decide upon immediate concrete actions or make recommendations to facilitate implementation.

In future issues of the newsletter each topic will be reviewed concisely but in reasonable detail.

CONGRATULATIONS. . .

William D. Nelligan, CAE, Bethesda, Maryland, was recently named as a distinguished member of the prestigious Hall of Leaders in the Convention Liaison Council. On December 3 he and nine other honorees were feted at a black-tie Recognition Gala at the Washington D.C. Convention Center. In attendance were hundreds of members of the convention, trade show, travel and tourism organizations that comprise the Council.

As Executive Vice-President of the American College of Cardiology, Bill is also well-known to colleagues in dozens of health related groups. He is currently serving as national president of the American Association of Medical Society Executives and is a past national president of the Professional Convention Management Association. He is a past Vice-Chairman of the American Society of Association Executives, which established the credentialing examination for the designation CAE (Certified Association Executive).

Bill is a Charter member of SMDCME. He has contributed valuable counsel throughout the society's ten-year history and was influential in obtaining grant support from medical specialty societies for the funding of the Change Study.

NEW TAX REGULATIONS FOR TRAVEL AND MEETING EXPENSES

An Abstract Prepared by Gloria H. Allington, University of Miami

NEWSPAPER articles discussing the new tax regulations have been confusing and, at times, extremely misleading. For your information and clarification:

Travel expenses for attending conventions or seminars incurred in carrying on a trade or business are deductible, with certain meal restrictions and subject to a 2% floor on miscellaneous itemized deductions.

Deductibility is *not* allowed for travel in connection with attending a convention, seminar, or similar meeting relating to investments; financial planning; or other income-production or Section 212 activities.

Business Meals, Entertainment Expenses

The bill reduces to 80% the amount of any deduction otherwise allowed for meals and entertainment provided: 1) business is discussed during, directly before, or after the meal; (deduction also applies in cases where the individual is away from home on business and must eat by himself or with other persons who are not business-related;

2) the business discussed is associated with the active conduct of the taxpayer's trade or business;

3) the expense is not lavish or extravagant under the circumstances; and

4) the taxpayer or an employee of the taxpayer is present at the furnishing of the food or beverages;

Exceptions: Full deductibility is allowed in 1987 and 1988 for costs of meals (if not separately stated) that are provided as an integral part of a qualified banquet meeting (convention, seminar, annual meeting, or similar business meeting) if:

1) The program includes the meal (an expense for food or beverages is not separately stated);

2) Such food and beverages are part of a program which includes a speaker;

3) There are at least 40 attendees and

4) More than 50% of these participants are away from home.

Travel Expenses (Other than for Attending Conventions)

Expenses incurred by a taxpayer in attending a convention, seminar, sales meeting, or similar meeting relating to the trade or business (within the meaning of sec. 162) of the taxpayer are deductible, subject to certain limitations for meal expenses, and subject to a 2% floor on miscellaneous itemized deductions.

For tax years beginning after 1986, certain miscellaneous itemized deductions, including unreim-

bursed employee business expenses, are deductible by individuals *only if the aggregate amount of the deductions exceeds 2% of the taxpayer's adjusted gross income*. Miscellaneous itemized deductions are all itemized deductions except for certain exceptions specified by statute.

Exceptions:

1) Foreign conventions. No deduction is allowed unless the taxpayer can show it was as reasonable to hold the convention there as in the North American areas (same ruling as before, including maximum number of foreign meetings to which this applies);

2) Meetings relating to investments, financial planning, or other income-production or section 212 activities are *not* deductible (effective taxable years beginning on or after January 1, 1987)

3) Seminars, meetings, etc. which solely consist of furnishing participants individually with video tapes of lectures, etc., on topics to be viewed at their convenience are *not* deductible.

BOOK REVIEW

Our colleagues in the Alliance for Continuing Medical Education have just published a text entitled *Continuing Medical Education: A Primer*.

The volume is designed to address the needs of the ever growing volume of new people in CME who are responsible for the day-to-day management of an office, a budget, or a coordinated series of programs.

The multi-authored text addresses most of the concerns of a new office person in a simple, practical way. The section on Educational Aspects is a clear delineation of well-accepted basic principles in educational planning.

Special chapters deal with the CME office in state medical societies, national specialty societies, and even medical schools. There is also a good introduction to the role of the Accreditation Council on Continuing Medical Education, through a review of the Essentials.

Consistent with the clear goals of the book there is no discussion of the unique contribution of medical schools to CME. In fact, SMCDCME itself is not mentioned, although several of its members are chapter authors, and other members are cited on the basis of competent contributions to the field.

Congratulations, ACME! Excellent achievement. Readers of this newsletter may want to consider obtaining the volume to assist in orienting new people to the field. Read it yourself. A good review won't hurt!

Reference

Continuing Medical Education: A Primer, Adrienne B. Rosoff and William C. Felch, MD (editors), Praeger, New York, 1986 ISBN 0-275-92102-6.

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Two New Regional Representatives Appointed

The election of Bob Cullen to the post of Secretary-Treasurer left a vacancy for Midwest regional representative. The Executive Committee approved the appointment of Bob Younghouse to fill this unexpired term.

Nancy Bennett, Northeast regional representative, is currently traveling in Europe during her one-year leave of absence. Taylor Anderson, Medical College of Pennsylvania, has been approved as her replacement for a

one-year term.

The other two elected regional representatives are Paul Mazmanian, Medical College of Virginia; and Ruth Feryok, University of California at Davis.

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Spring Meeting Dates:
May 2-5, 1987
Clearwater, Florida
MARK YOUR CALENDAR!