

THE PRESIDENT’S PERSPECTIVE

By Betsy Williams, PhD, MPH

President, Society for Academic Continuing Medical Education



As I began writing this, my first perspective as the SACME president, I am struck by the incredible changes and many challenges we are all facing at this current time; often, at least for me it feels overwhelming. In the United States not only are we struggling with the effects of the COVID-19 pandemic, but the recent events of May 25, 2020 brought heightened attention to concerns associated with police brutality, racism and inequality. We as individuals, as professionals, and as SACME members have all faced many challenges over the last few months. How can we not only cope but actually learn and grow during these incredibly difficult times?

Admiral James Stockdale, a United States military officer held captive and repeatedly tortured during the Vietnam War provided his insight on how he survived and grew during an extended period of adversity. He noted, “I never ever wavered in my absolute faith that not only would I prevail—get out of this—but I would also prevail by turning it into the defining event of my life that would make me a stronger and better person.” His insight is referred to as the Stockdale Paradox, “you must retain faith that you will prevail in the end, regardless of the difficulties and at the same time confront the most brutal facts of your current reality whatever they might be”. (https://www.jimcollins.com/media_topics/TheStockdaleParadox.html) I invite all our members to retain faith while working in the moment to overcome our challenges.

It seems difficult to believe that in February, more than 200 of us were together in Miami attending the 2020 SACME annual meeting. It is truly incredible to reflect on how much has changed in such a short period of time. As we all know the COVID-19 pandemic has changed many aspects of each of our lives; where and how we work, where and how we learn, how we shop, how we

socialize, and how health-care is delivered. Many of us have been worrying about 1) the health and well-being of our family , friends and colleagues, 2) financial concerns related to job security and the global economy, 3) our children and how these events will impact their lives in the short and long term, 4) how we balance work with being a parent/ teacher/camp counselor/role model/ significant other, 5) how the pandemic will affect our jobs- what we do, how we do it, and the financial support we will have from our institutions to do it and 6) our humanity.

As academic professionals, we all return to the evidence to prioritize our response. Recent data from the US

continued on page 2

In This Issue

The President’s Perspective	1
Updates from the Academy of Fellows.....	3
Updates from the AAMC	5
CPD be nimble, CPD be quick	7
Paul Mazmanian Tribute	10
ABMS, Member Boards Navigate the Impact of COVID-19	12
A Remembrance of Phil R. Manning, MD	13

collected over the period beginning April 23, 2020 with sampling anticipated to continue for the next three months showed the emotional toll of the pandemic; 24 percent of sampled Americans showed clinically significant symptoms of major depressive disorder and 30 percent showed symptoms of generalized anxiety disorder. (<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>). Data from Canada likewise raise concern about mental health in Canada secondary to the impact of COVID 19 (<https://www.morneaushepell.com/permafiles/92590/mental-health-index-report-canada-may-2020.pdf>).

It is particularly important that at this tragic time in our history we join together and demonstrate resilience in the face of these challenges. The SACME Board has taken a number of steps to support our membership and the broader community. We will continue to look for ways that we can collaborate to solve the complex challenges facing leaders, clinicians, educators, and researchers in our field. We will also continue to monitor these continuously evolving situations while returning to the data we are collecting so that we can dynamically reassess our efforts and their outcomes in aid of transitioning from an emergent response, to a maintenance response, and ultimately full recovery.

HOW IS SACME SUPPORTING MEMBERS?

The SACME Board responded quickly to the COVID-19 crisis in support of our individual members and our organization. At our March SACME Board meeting, the Board approved the formation of a SACME COVID-19 Task Force with several sub committees.

1. The Financial Advisory Subcommittee chaired by Robert Dantuono will be closely monitoring the stock market and SACME's investment portfolio. They will be advising the Board as your Board works to ensure the financial wellbeing of SACME.
2. The Resources Subcommittee/COVID VJC chaired by Mila Kostic. - As many of you know SACME has been hosting COVID themed Virtual Journal Clubs for many years; we have added VJC with specific COVID related content and concerns; the first was on March 26th. We have been selecting session topics based on feedback provided after VJC sessions, the listserv, and our ongoing review of potential issues of interest. These are open to the educational committee free of charge. Our next one, *Assessing Meaningful Outcomes in Program*

Evaluation of Online Learning is scheduled for June 18, 2020, 11:00 am - 12:00 pm CT

3. The Wellbeing Subcommittee- this subcommittee is chaired by our regional representatives who have been hosting coffee chat meetings every two weeks. As we want these sessions to be accessible to our membership, you are invited to attend whichever meeting best meets your schedule, independent if you are in that region. Participants have introduced themselves, raised challenges and issues that they are experiencing secondary to the COVID-19 pandemic, and agree on a topic for the day's session. Goals for the sessions are to make everyone feel welcome and provide an opportunity for discussion, feedback and support. Our regional reps have worked hard and done a wonderful job fostering a sense of community and support.
4. The Virtual Task Force Subcommittee- this subcommittee chaired by Asha Maharaj has been keeping abreast of COVID-19 developments as well as changes in technology to guide our decision making about the method of delivery, content and timing of our SACME 2021 annual meeting.
5. The Partnership Subcommittee- this subcommittee has been working on collaborating with our various educational partners. Many of you are aware that several SACME members hosted research sessions at the recent ACCME meeting and Marcia Martin of the ACCME participated in a meeting of our Virtual Task Force Subcommittee to discuss the ACCME's experience in delivering a virtual live activity.
6. COVID-19 Resources- these are listed on our SACME homepage. We are updating these on a regular basis. We urge members to send any suggestions to Catherine Wilson at cwilson@sacme.org

The Board also approved creating a Special Advisor, Allocation of Funds for Strategic Investments, appointing Joyce Fried to that role. Joyce will be working closely with the Board and the Strategic Affairs Committee to advise the Board as we work together to implement SACME's Strategic plan.

Our **Communications Committee** has been quite active and busy in supporting our members. In May, the committee sent a survey to membership to solicit

their input. Many of you likely noticed a change in the appearance and functionality of **CE News**. Many thanks to Robert D'Antuono and Martin Tremblay (merci beaucoup!) who are the co-editors of that publication. **Pulse Points** provides our membership with reminders and quick bits of information on a bi-weekly basis. Announcements of upcoming events, such as the Virtual Journal Club, COVID VJC and Regional Representatives' Coffee Chats are featured.

Our quarterly publication **Intercom** went "green" in early 2020. In addition to the environmental benefits, this shift has saved our organization a significant amount of money. Many thanks to Sharrie Cranford who serves as editor, and to all the contributors to this publication. Additionally, the Communications Committee is working hard to increase SACME's social media presence through Twitter, Facebook and Linked In. Leslie Doering, our Communication Committee Chair, encourages all members to consider how they might include SACME in their social media activities as a way to disseminate information and introduce SACME to non-members.

I also want to remind everyone about our listserv. This is a great way to quickly access information. We have seen a recent uptick in listserv queries, comments and requests for assistance during the COVID-19 crisis. Historically, we will see 2-3 original posts in a six-month period; from March 3 – May 28, there have been 11 original posts, with 35 responses. The majority of these have been queries related to COVID-19. We are encouraged to see the increase in usage and want to remind you of this resource.

The COVID-19 pandemic has increased our awareness of health disparities (<https://jamanetwork.com/journals/jama/fullarticle/2766098>) and the passing of George Floyd, Breonna Taylor, and sadly so many others, not only pains us but reinforces the imperative to address and eradicate racism and inequality. We must now look inward, reflect on the detrimental impact of racism, brutality and social injustices, and become inspired to action.

David Sklar and Frank Hafferty wrote in an editorial published prior to COVID-19 that too little progress has been made in many areas of academic medicine, "... we need to explore how we in academic medicine might find the incentives and motivations to do better and take the necessary bold steps into the future." COVID-19 has caused us to re-imagine education, now is our golden opportunity to do the right things. This will be accomplished through role modeling best practices by connecting with appropriate partners in our institutions and more broadly, incorporating social and behavioral sciences including social determinants of health into our content, celebrating diversity in our offices and our faculty, and providing feedback when we observe inequalities, racism, or discrimination. We must retain faith that we will prevail in the end, regardless of the current difficulties we face and would also prevail by turning it into the defining event of my life that would make me a stronger and better person at the same time confront the most brutal facts of our current reality whatever they might be."

Sklar DP, Hafferty FW. Courage in Medical Education: Cultivating Stories for Change. *Academic Medicine*. 2019;94(11):1623-1625.

UPDATES FROM THE ACADEMY OF FELLOWS

By William F. Rayburn, MD, MBA, Chair, Academy of Fellows

The Academy honors fellows for their service and actively engages with SACME's Board and our members in pursuing innovative programs to advance the field. Allow me to provide an overview of collaborative programs being explored.

2021 SACME Virtual Meeting. We are aware that the SACME Board of Director recently voted to make the 2021 annual SACME meeting a virtual meeting. The Fellows support this decision and look forward to assist-

ing President Williams' task force in developing content and selecting platforms for the annual program. We see this as an opportunity to potentially expand our presence internationally and with new technologies. Dr. McMahon and Dr. Sachdeva have offered to share their experiences about online platforms, their features, backup systems,



continued on page 4

choices for participants, vendors, and minimizing fees.

Academy Fellows Serving on SACME Committees.

All Fellows will receive a list of the current SACME committees with the names and email addresses of the committee chairs. Each Fellow is encouraged to consider volunteering on one committee with the goal that each committee has two or more Academy Fellows to provide their experience and to provide mentorship.

SACME Leadership Program (Program Chairs: Moss Blachman, Barbara Barnes)

Leadership Program Chairs Moss Blachman and Barbara Barnes will be working with the SACME program Planning Committee to determine how best to deliver a Leadership workshop given the shift to a virtual meeting. The proposed workshop topic will help individual CME providers and CME offices to understand their strategic value to their institution. Dr. Blachman and Dr. Barnes and the SACME Board are exploring options for strategic partnerships as we look to further develop this program.

SACME Faculty Development Program (Program Chairs: Don Moore, Ajit Sachdeva)

The Faculty Development Program under the leadership of Don Moore and Ajit Sachdeva has been exploring how best to provide faculty development opportunities to our members. They are planning to conduct a needs analysis to assist them as they work toward designing the program. Defining faculty development in a continuing education context, compared with undergraduate or graduate medical education, and defining continuing professional development will be important considerations. They have identified competencies of faculty as educators, simulations, and new technologies for educational training of clinical and nonclinical as important content areas. They plan on working with other SACME committees such as the Scholarship Committee as the program continues to take shape.

SACME Mentorship Program (Program Chairs: Jack Kues, Bill Rayburn)

As many of you recall from attending the 2020 annual meeting the inaugural mentees discussed their experiences at the annual meeting. Dr. Kues plans to survey the current mentors and mentees later this summer once the

1-year mentorship ends. These data will be used to help refine the program as we move forward. Due to slow-downs secondary to COVID-19, the application cycle for the next cadre of mentees will be delayed. We will post information about the application process on the SACME website and through SACME's other publications (CE News, PULSE Points and Intercom). Please contact Dr. Kues (kuesjr@ucmail.uc.edu) with any questions.

Ongoing Virtual Meetings Pertaining to Leadership and Faculty Development.

While there are tentative plans for workshops pertaining to leadership and faculty development programs as part of the 2021 SACME annual meeting, Academy Fellows recognize the benefit of additional programming. We will be exploring the feasibility of developing ongoing online webinars and/or conferences on to complement the leadership and faculty development workshops. Program Chairs have not yet been named.

Emphasis on New Technologies. With the pandemic, there has been a dramatic interest in the application of new technologies and virtual learning for continuing education and opportunities for SACME to become involved. The SACME Board and our Academy Fellows agree that this is an important area warranting further discussion and exploration.

Emphasis on an International in Focus. As we have all shifted to virtual delivery systems there is recognition that we can all have a broader reach in the delivery of programming. Similar to the need to emphasize new technologies, broadening SACME's reach to include a broader audience will be an important consideration moving forward.

Thank you for reviewing this quarterly summary. Portions of this report will be discussed at our SACME Board of Directors annual summer retreat. I would welcome your feedback (wrayburnmd@gmail.com) any time as I continue to serve the Society and Academy.

UPDATES FROM THE AAMC

By Lisa Howley, MEd, PhD, Sr Director of Strategic Initiatives and Partnerships lhowley@aamc.org



The AAMC advances key initiatives and provides opportunities to discuss and promote medical education. Below are updates that are relevant to our colleagues in continuing medical education and continuing professional development.

Select Major Initiatives and Events

Grant Proposals: Advancing the Integration of Humanities and the Arts in Health Professions Education

The AAMC, with support from the National Endowment for the Humanities, is seeking applications for a newly created grants program intended to advance educational scholarship around integrating the humanities and arts in health professions education. Implementing this work may provide therapeutic benefits for the challenges faced by COVID-19. Five grants of \$25,000 each will be awarded to investigators pursuing scholarship on new, emerging, or existing educational programs. Priority will be given to programs that serve learners who are veterans and underrepresented minorities (e.g., African American, Hispanic American, and Native American populations). The deadline for proposals is September 15. For more information, visit:

www.aamc.org/what-we-do/mission-areas/medical-education/humanities

The Road to MedBiquitous: Launch of MedBiquitous as an AAMC program and Summer/Fall Webinar Series

Starting July 1, 2020 AAMC member institutions and others will be able to join the MedBiquitous Program. AAMC members will be able to opt-in to participation at no additional fee as a member benefit. MedBiquitous is a **community** of health professions educators and technology innovators that utilize a rigorous consensus **process** to develop, approve, and disseminate health professions education data standards. This **collection** of open, free-to-use health professions education and credentialing data standards and technology guidelines includes standards for competency-based medical education, CE activity reporting, and curriculum mapping. MedBiquitous transitioned from Johns Hopkins University to AAMC in 2019. The launch will be accompanied by a webinar series that highlights the importance of

data and other standards in healthcare and health professions education. The series will continue into the fall and culminate in a workshop led by members of WGEA CRIME. More information on MedBiquitous can be found at https://www.medbiquitous.org/about_us/faq

Competencies Across the Learning Continuum

The Strategic Initiatives and Partnerships unit in MedEd is continuing development of cross-continuum competencies in the areas of **Telehealth** as well as **Equity, Diversity, and Inclusion (EDI)**. These very timely competencies are being developed by leaders from across the medical education and clinical practice communities and seek to understand the foundational competencies expected of entering residents, physicians entering practice, and experienced physician faculty— independent of specialty or practice setting. The Telehealth competencies are being developed in partnership with Health Care Affairs (HCA) and a pre-publication version will be posted to the AAMC website by late summer. The EDI competencies are being developed with Diversity, Policy, and Programming along with HCA and Scientific Affairs. We expect to post a pre-publication version by early Fall.

Countering the U.S. Opioid Epidemic

The AAMC received a Workforce Improvement Project grant from the CDC to develop Opioid-Related Training Across the Continuum of Medical Education. The AAMC redistributed these funds as subawards to AAMC member institutions. Four institutions – Zucker School of Medicine at Hofstra/Northwell, Stony Brook Renaissance School of Medicine, Honor Health in partnership with Arizona State University, and University of Alabama – were awarded \$10,000 each to respond to the training and development needs of physicians at academic medical centers with respect to education on acute and chronic pain management and substance use disorders.

continued on page 6

MedEdPORTAL® Active Calls for Submission

MedEdPORTAL welcomes submissions from all areas of teaching and learning, but has active calls for submissions around the following topics:

- Anti-racism in Medicine
- Opioids Education
- Interprofessional Geriatrics Education
- Emerging Didactic and Clinical Technologies in Dental Education

For more information, visit: www.mededportal.org/

As a journal of health professions educational resources, it is our responsibility to name racism as a barrier to equity and to work toward dismantling systems of oppression within our profession through training and education. The new [Antiracism in Medicine](#) collection within MedEdPORTAL provides educators with practice-based, peer-reviewed resources to teach antiracist knowledge and clinical skills, elevates the educational scholarship of antiracist curricula, and aims to convene a community of collaborators dedicated to the elimination of racism within medical education. To specifically support developers of and educators in antiracist curricula, we also offer individualized mentorship for potential authors.

Select AAMC COVID-19 Resources

AAMC Outlines Recommendations to Address Potential Growth of Opioid Epidemic Due to COVID-19

AAMC President and CEO David J. Skorton, MD, sent a letter on June 4 encouraging Secretary of Health and Human Services (HHS) Alex Azar to include strategies to address the opioid epidemic as part of the agency's plans to respond to the COVID-19 pandemic. [Read More](#).

AAMC Coronavirus (COVID-19) Resource Hub

The AAMC continues to monitor guidance from federal, state, and local health agencies as it relates to the coronavirus (COVID-19). Find information and updates from the AAMC on this emerging global health concern here: www.aamc.org/coronavirus-covid-19-resource-hub

Resources for Medical Schools During the COVID-19 Pandemic

The COVID-19 pandemic has caused dramatic and disruptive changes to medical education. The AAMC has curated critical documents to support medical schools during this challenging time. Curated by topic, you will find the latest guidance and resources from the AAMC and its partner organizations. You will also find ways

to connect with the AAMC and your colleagues across the country to share best practices and lessons learned through open webinars and calls for submissions; visit: www.aamc.org/coronavirus/medical-education

Virtual Resource Library on Leading in Difficult Times

Leaders across the academic medicine community are facing unprecedented challenges during the COVID-19 pandemic. To support the communities it serves, the AAMC has developed a virtual resource library on leading in difficult times, with a focus on managing self, leading others, and leading institutions. For more information, visit: www.aamc.org/professional-development/leadership-development/difficult-times

Collection of Resources: Clinical Teaching and Learning Experiences without Physical Patient Contact

This resource collection was built in response to the COVID-19 pandemic's significant impact on the teaching and learning of health professionals. Designed by diverse educators, this working collection features clinical learning experiences, which can be readily used or easily adapted for specific, local settings, without the need for physical patient contact. To supplement the collection, a new weekly webinar series was launched to highlight specific teaching strategies and curricula from the collection. The collection and webinar recordings are available here: <https://icollaborative.aamc.org/collection/covid19-alternative-learning-experiences/>

New Episode of AAMC's "Beyond the White Coat" Podcast Focuses on Well-being

On a recent episode of the AAMC's "Beyond the White Coat" podcast, David J. Skorton, MD, AAMC president and CEO, talks with Jonathan Ripp, MD, MPH, senior associate dean for well-being and resilience and chief wellness officer at the Icahn School of Medicine at Mount Sinai, about how we can care for ourselves, and others, in the era of COVID-19. Listen to the podcast or read the transcript here:

www.aamc.org/news-insights/podcast-preserving-well-being-pandemic



Association of
American Medical Colleges

655 K Street, N.W., Suite 100, Washington, D.C. 20001-2399
T 202 828 0400
www.aamc.org

CPD BE NIMBLE, CPD BE QUICK: *RESPONDING TO THE COVID-19 PANDEMIC AND POSITIONING FOR WHAT COMES NEXT*

By Ginny Jacobs, MEd, MLS, CHCP, FSACME



Who could have possibly anticipated the changes we have seen in the healthcare system these past few months? Or imagined the impact those changes would have on CME/CPD office strategies and operational priorities?

I believe it would be fair to say that for most CPD providers, the COVID-19 pandemic has triggered dramatic shifts in their approach to designing and delivering their healthcare education portfolio. For education offices that have relied upon traditional live classroom models of teaching, the pandemic has disrupted their predictable pattern of activity planning. It has forced cancellations of planned live activities, turned the established CPD business model on its ear, and required a new way of thinking in terms of anticipating and responding to the educational needs of the healthcare community.

If you do have a crystal ball tucked away, now may be a good time to pull it out and apply a good polish because all signs point to the fact that our environments will continue to evolve. The future of healthcare and healthcare education is anything but scripted.

Those working in the field of education have an appetite for proven approaches to learning and assessment. We typically pride ourselves in the manner in which we identify and address gaps in knowledge, skills, and abilities. In assessing our own gaps, the global pandemic has presented us with some serious **food for thought**.

Here are several conversational highlights that have surfaced in various CPD circles in response to these challenging times:

- How many of us were well-prepared to make a dramatic shift from live meetings to online/virtual activities? Did we have a disaster preparedness or contingency plan ready to implement and/or expand upon?

- If we had a plan in place, was its development merely an exercise? Had it gathered dust or was it a living document? Did we reference it and was it helpful? Was this type of scenario on the radar?
- With future spikes in COVID-19 transmissions (or other types of global pandemics) anticipated, what do we need to build into those preparedness/contingency plans going forward?
- Have we historically made the necessary investments in technology-enabled educational solutions?
- Have we prepared our targeted learning communities to ensure they are able to readily engage in new modes of delivery?
- How are we moving forward and raising the bar on the quality of online education design and delivery? How are we meeting our learners' needs for social connections?
- How are we preparing our faculty to be effective teachers in a virtual learning environment?
- What changes in learners and faculty do we anticipate going forward? How can we best respond to their needs?
- What are we doing to assess the impact of online activities? When evaluating online education, what can we do to ensure that we do not slip back in time and place an emphasis on merely gathering attendance figures and satisfaction scores as a measure of our success?
- Organizational contingency plans typically lay out guiding principles and processes (e.g. com-

continued on page 8

munications, procedures, drills) to employ in the face of a crisis. If their contents address immediate management concerns, are they robust (or imaginative) enough to truly anticipate a suitable response to a scenario that calls for major, sustainable shifts in how we do business?

How nimble were you in adapting to what appears to be the new (or at least the current) normal? Did you have a contingency plan in place from which to draw? Are you in a holding pattern in terms of next steps or have you been able to move forward?

I have heard many express the sentiment ‘we will get through this together’ which runs parallel with the idea ‘we are all in the same boat.’ Recently, I heard a revised statement suggesting that we are not actually in the same boat so much as ‘we are all in the same storm.’ This important distinction calls attention to how we may be in different vessels explaining how there is actually a range of organizational readiness. There are different ways to navigate rough seas of change. The level of preparedness and adaptability is reflective of how well the organization or work group is equipped to respond in terms of available resources and applied ingenuity (i.e., technical training and tools, adaptive skills, learning management systems, etc.). Expertise and resources may be found through collaborations with others.

In a survival mode, some groups may opt to ‘batten down the hatch,’ (i.e., taking steps to secure the door in the deck of a ship, in anticipation of continued rough weather.) If we have an adequate food and fuel supply (i.e., skills and funding), and no set expectation in terms of when we must again set foot on land, battening the hatch may be a reasonable option to prepare for difficult times and offer a suitable strategy for riding out the storm. Translated that may mean canceling courses and/or putting them on hold while waiting to see when the live course calendar can again be restored. The challenge, of course, is not knowing how long the storm will last. At some point, planning efforts must resume and it is detrimental to patients’ quality (and continuity) of care for learners’ educational needs to be put on pause for an extended length of time.

I suspect we have all been personally involved in organizations that highlight the importance of contingency planning. Perhaps you have heard of Robert Baden-Powell, the English soldier who developed the motto ‘be prepared,’ a cornerstone of the scouting organization. This motto was introduced by him to describe the need to “always be in a state of readiness in mind and body to do your duty.” Are we in a state of readiness in mind and body to adapt to the continuing changes in the CPD landscape?

The healthcare system and CPD schematic is forever altered and what is needed now is the development of a new mindset – one that accepts the fluid nature of our situation and acknowledges our need to be attentive and agile as we respond. Our success is dependent upon our willingness to be attentive to the evolving needs of our learners, teachers, and their patients. We must remain adaptive and keep our fingers on the pulse of the educational and behavioral gaps that exist.

Can something positive come from the global pandemic we face? What provisions or plans do we have in place to prepare ourselves for future disruptions?

When working to form the United Nations after WWII, Winston Churchill famously said, “Never let a good crisis go to waste.” Churchill’s insights on human nature can be applied to the healthcare crisis we face today, particularly as it pertains to the use of technology-enabled solutions for the care of patients and education of learners. The global pandemic has resulted in unprecedented times and the shifts have already proven to be an accelerant for changes that had seemingly been impossible or stalled. For example:

- ***Who would have anticipated so many patients would accept or even embrace virtual visits with their healthcare professional?***

Up until now, the promotion of telemedicine (virtual visits with healthcare providers) has met with mixed success. Numerous perceived barriers to include resistance to change, technical concerns regarding access and efficiency, and, most notably, untenable reimbursement models, have all stood in the way of major broad-based adoption. However, new risks and benefits present in a COVID-19 environment (including a revised payment structure) have helped the healthcare community and patients begin to re-

PAUL MAZMANIAN TRIBUTE

By Allan Dow, MD, MSHA



Back Row: Terry Mast, Barbara Brandt, John Priemi, Martyn Hotvedt, Nancy Bennett, Dave Davis, Ken Kahn, John Parboosingh, Malcolm Watts, Van Harrison
Front Row: Paul Mazmanian, Jocelyn Lockyer, Wayne Putnam, Bob Fox, Phil Manning, Liz Lindsay, Karen Mann, Penny, Jennett Martin Kantrow

In early May, Paul Mazmanian retired from the faculty of Virginia Commonwealth University after thirty-two years. Paul's advocacy for advancement of the field of continuing professional development is represented in the evolution of leadership titles he carried in his career. In 1984, Paul became Director of Programs and Research in Continuing Medical Education. This title evolved into Director of the Office of Continuing Education in Medicine and Allied Health Professions, well before the more recent emphasis on interprofessional continuing education. In 1997, his position ascended to the role of Associate Dean for Continuing Professional Development and Evaluation Studies, presaging both the evolution of terminology and the necessity of a scholarly founda-

tion for our field. Then, in 2010, he was named Associate Dean for Assessment, Evaluation, and Scholarship, a title which captured the broad lens with which we now seek to look at the learner within the health professions.

While these titles demonstrate his acclaim as a leader, several of Paul's scholarly contributions are specifically worth noting. Paul was one of the early leaders of applying science to continuing professional development in the health professions. In 1998, he was the lead author of a randomized controlled trial (Mazmanian et al. Academic Medicine.) that began to describe what factors were important in continuing professional development to engender change in the behaviors of physicians.

Paul's most widely cited publication, a systematic review from 1999 in JAMA (Davis et al.), identified the limited benefit of didactic sessions alone and set the stage for twenty years of work across continuing professional development. This publication emphasized the need for active learning, preferably within workplace settings and including practice and feedback. Building on this work, Paul integrated this evidence base with the emergence of guideline-driven care and emphasis on maximizing the translation of guidelines into practice required not only high-quality guidelines but also the mechanisms of education that lead to changes in behavior (Mazmanian et al. Chest. 2009).

As new structures have been created to support change in healthcare, Paul has been a leading voice for continuing professional development. He has been an advocate for interprofessional continuing education (including his mentorship of me). He was the 'CME guy' who was tapped to be a member of the IOM's Committee on Credentialing Research in Nursing. In addition, he has spent much of the past decade supporting translational science, specifically thinking about how to speed the application of new evidence to patient care.

However, to me, Paul's greatest contribution is articulating a vision and framework for the future of continuing professional development. His 2000 publication "The New Vision of the Professional Development of Physicians" outlines the steps needed for continuing education to have greater impact on patients including the importance of practice-integrated learning, evidence-based instructional design, research to define best practices, integration across the continuum of medical education, and professional development of educators themselves (Bennett et al. Academic Medicine.) This publication continues to serve as a 'north star' document for our field that clarifies our direction while also articulating the challenges of delivering continuing professional development across multiple dimensions of education and healthcare delivery.

Realizing the vision in this foundational document has been incrementally progressing. During his ten years as editor of the Journal of Continuing Education in the Health Professions, he strengthened the scholarly basis of our field. As a member of the IOM's 2009 *Committee*

on Planning a Continuing Health Care Professional Institute, he and colleagues defined what structures were needed to ensure continuing professional development has the greatest benefit to society. Then, as a member of the National Academies of Science, Engineering, and Medicine Planning Committee, he articulated the business case for continuing professional development in 2017. While we still have much work to do in our field, Paul has led the way and provided us a path forward to reach our goals.

So how does this work get done? This might be the greatest lesson from Paul.

To most that have encountered him professionally, Paul is an icon in continuing professional development. Instantly recognizable by his trademark ponytail, he has a laid-back style that matches his approachability and collegiality. But, this demeanor belies his passion for finding truth and creating change.

To me, this is best exemplified from what I learned from Paul about the value of the meeting beyond the meeting. Across a variety of venues, I have had an opportunity to socialize with Paul at dinners or happy hours at professional events. Here, I learned, is where some of the best work gets done. Here groups of colleagues engage in spirited intellectual conversation about profound issues and grapple with fundamental challenges in continuing professional development.

Paul's legacy then is not just publications and titles. He shows us that our human connections are the best way to solve our challenges both in continuing education and in society as a whole. At the end of the day, we have to roll-up our sleeves together and, collectively, get to work. And, if we can do it over a festive beverage so much the better.

So, as Paul begins his retirement, let's raise a glass in celebration of his career. And then, in his honor, let's continue creating a better world for all of us.

ABMS, MEMBER BOARDS NAVIGATE THE IMPACT OF COVID-19

By Greg Ogrinc, MD, MS

Senior Vice President, Certification Standards and Programs



As the worldwide health care community continues to navigate and respond to the ever-changing Coronavirus Disease 2019 (COVID-19) landscape, the American Board of Medical Specialties (ABMS) and our 24 Member Boards are committed to supporting diplomates and trainees as they work on the front lines to combat this virus.

Early on in the pandemic on March 13, ABMS [reached out to designated institutional officials](#) to assure them that boards are supportive of creative strategies to recognize learning opportunities that can take place during such times. In situations in which quarantine impedes completion of on-time training, boards do not wish to penalize trainees for situations beyond their control. In a subsequent statement on March 26, [ABMS affirmed our support for physicians to focus on their patient care priorities as the demands of COVID-19 accelerate](#). On April 10, ABMS joined the Accreditation Council for Graduate Medical Education to [issue a statement of joint principles](#) to provide clarity for trainees and programs during this pandemic.

In addition to these statements, ABMS is participating in the cross-organizational [Coalition of Physician Accountability](#) (CPA) to ensure standards of medical training are upheld while adapting those standards to account for the changes demanded by COVID-19. On May 18, CPA released the [final report of its work group on Learner Transitions from Medical Schools to Residency Programs in 2020](#). The report provides important and timely recommendations to mitigate the effects of pandemic-related disruption in the transition from undergraduate medical education to graduate medical education for more than 30,000 medical school graduates who will begin first-year (PGY-1) residency positions in the United States in the coming months.

As part of our commitment to provide resources to physicians during this pandemic, ABMS created [a dedicated COVID-19 website page](#) that includes information for

diplomates, trainees, and program directors regarding continuing certification programming with direct access to each Member Board's COVID-19 website page for specific program details. In addition, ABMS and the boards community have been actively supporting efforts to obtain much needed resources for front line health care providers, including sending [a letter to the Trump administration regarding the need for personal protective equipment](#).

Our Member Boards recognize that the current priority of the more than 900,000 diplomates and their fellow health care providers is caring for the patients, families, and communities they serve. They must focus the limited time they have for education on the most urgent issues facing us all: learning how to prevent and treat COVID-19 and to protect themselves and fellow health care workers from harm. To that end, the boards have offered programmatic flexibility regarding examination scheduling, deferment of activities or requirements and/or the extension of cycle deadlines (depending on the timing of activities in the boards' continuing certification programs in 2020), and enhanced activities and heightened education focused on COVID-19 in partnership with specialty societies. Each board has posted [easily accessible information about their COVID-19 response](#) and continues to monitor the pandemic's progression to make further adjustments as needed.

As a community, we appreciate the extraordinary efforts of our specialty medical professionals and trainees who are working tirelessly to treat and monitor those exposed to or diagnosed with COVID-19 as well as assessing and treating all patients. We recognize the associated enhanced health risks and the potential for disruptions in both training and certification. Our primary concern is for the health and well-being of these individuals and their patients and the desire to maintain a strong and effective health care workforce.

A REMEMBRANCE OF PHIL R. MANNING, MD

By Dennis K. Wentz, MD, FSACME*



Phil R. Manning MD, FSACME, age 98, founding President of the SMCDCME/SACME died at his home in Corona del Mar, California on October 10, 2019. He became the interim President of a new society being formed to advance the cause of CME in medical schools in 1975, and then the

first President of the SMCDCME in 1976. For 48 years, he was associated with the University of Southern California (USC) School of Medicine as Professor of Medicine, Associate Dean for Continuing Medical Education, and Associate Vice President for Health Affairs. His commitment to CME is reflected in his seminal 1987 book, *Medicine: Preserving the Passion*, co-authored with Lois DeBakey. In 2001, the SMCDCME established in perpetuity the Manning Award for Research in CME to honor Phil's advocacy of scholarly studies in CME.

The Society of Medical College Directors of CME (SMCDCME) was born because of frustration about the commitment of academic medicine to CME. An AAMC Committee on CME in 1969 recommended that the AAMC place CME among its primary missions, but after internal debate the AAMC discharged and dissolved the Committee in 1971. The small group of faculty advocating for CME as a critical mission for medical schools were bitterly disappointed. In 1974, the AAMC's Group on Medical Education finally agreed to expand its portfolio to include "the continuum of medical education". But by then a national movement was underway. Jesse Rising, MD at the University of Kansas organized an informal gathering of CME advocates in what he labeled a "retreat" in 1967. The informal group continued to meet casually until Phil Manning organized a second formal meeting at Palm Springs, California in 1971, shifting the meeting focus to be about research issues in CME. While the annual retreats continued, it had become clear to these faculty CME advocates that an independent organization to foster academic CME was needed. Thus, during the 1975 AAMC annual meeting Phil Manning was chosen to be the interim President of a new organization that would be formed. On April 2, 1976, bylaws for such an organization were adopted in Palm Springs and Phil Manning

became the first President of the SMCDCME.

Phil Manning and several California colleagues were influential in the early days of the SMCDCME (and CME). In 1981 a new journal, *Mobius*, started publica-

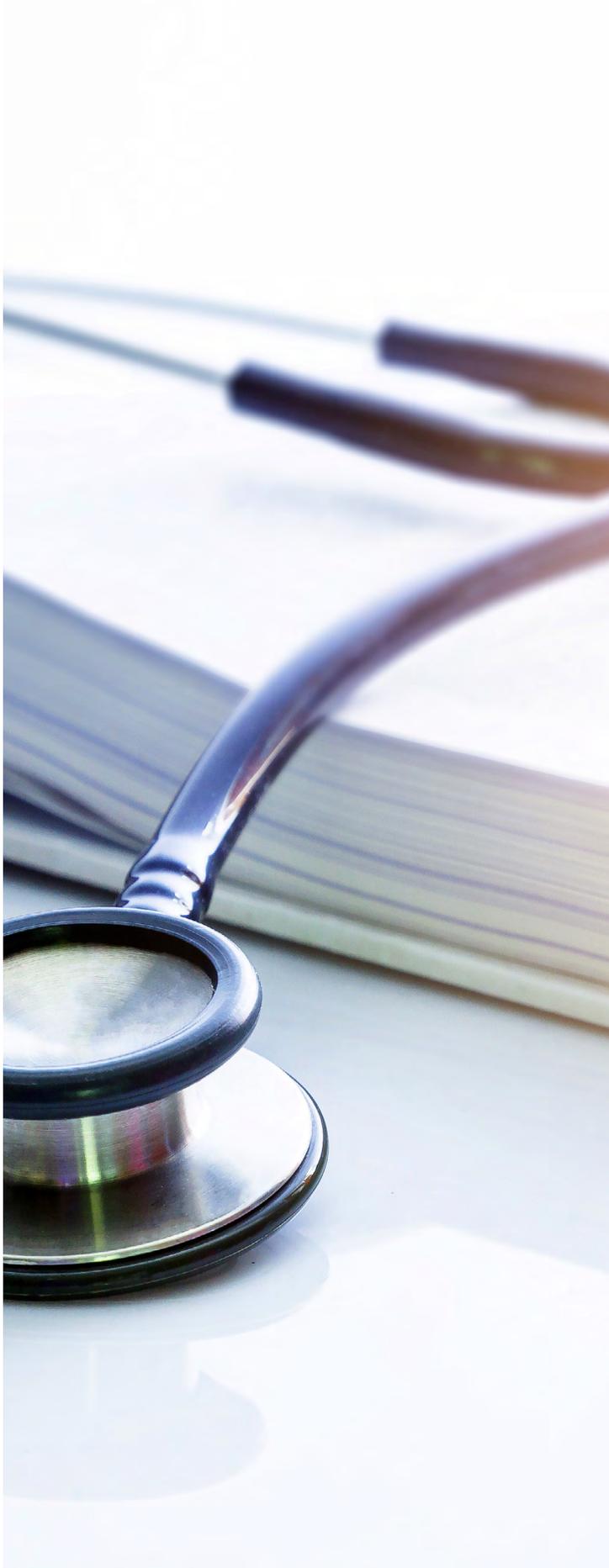
tion under the auspices of the University of California at San Francisco (UCSF) Press. Edited by Lucy Ann Geiselman, PhD, it was supported by Malcolm S.M. Watts MD, Associate Dean at UCSF, Robert Combs, MD at UC-Irvine, and of course, Phil Manning at USC, and became the unofficial journal of the SMCDCME. (In 1988, *Mobius* was renamed as the Journal of Continuing Education in the Health Professions).

Phil Manning was born in Kansas City, Missouri and completed his undergraduate and medical degrees at the University of Southern California (USC). He trained in Internal Medicine at the VA Hospitals in Van Nuys and Long Beach, California and finished as a Fellow in Internal Medicine at the Mayo Clinic, Rochester, Minnesota. After serving in the US Air Force, he returned to a faculty position at USC, rising to be Professor of Medicine and then Director of CME, later Associate Dean for CME. He was elected as a Master of the American College of Physicians (MACP). While the practice of Medicine through quality patient care was always his main love (his book was aptly named), he also loved tennis and travel to interesting places. His wife Mary died in 2018; two children survive him, Carol Manning, MD and RJ Manning, JD, as well as 2 grandchildren and 1 great granddaughter.

Phil's devotion to his friends and colleagues in Medicine, the continuum of medical education, SMCDCME and SACME was absolute. He left a legacy to all of us whom he befriended; we will consider him "The Dean of CME", forever. When I wrote several to tell them of his death, the stories and anecdotes started arriving. Perhaps more stories will emerge when SACME members read this.

*I am indebted to multiple authors in the book *CME: Looking Back, Planning Ahead* (Dartmouth College Press, 2011), especially the late Richard M Caplan MD and Paul Lambiase, who wrote the chapter describing the evolution of SMCDCME into SACME.





INTERCOM

INTERCOM is published three times a year by the Society for Academic Continuing Medical Education, Executive Director Office, 35 East Wacker, Suite 850, Chicago, Illinois 60601-2106; Telephone (312) 224-2522; Fax (312) 644-8557 Email info@sacme.org.

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

EDITORS

Sharrie Cranford, LICSW, PIP, MS – Editor
Cindie Garza – Co-Editor
Ronan O’Beirne, EdD – Co-Editor
Amanda Sewell – Co-Editor
Namita Vashi – Co-Editor
Laura Fisher - Graphic Designer

SACME BOARD OF DIRECTORS

Betsy Williams, PhD, MPH – President
David Wiljer, PhD – President-Elect
William Rayburn, MD, PhD – Past President
Leticia Zuniga Bresnahan, MBA, CHCP – Treasurer
Tym Peters – Secretary
Sanjeev Sockalingam, MD, MHPE, FRCP(C) –
Canada Representative
Laura Werts, MS – Central Representative
Julie White, MS – Northeastern Representative
Bob Best, PhD – Southern Representative
Christine Flores, MPH – Western Representative
Leslie Doering – Communications Committee Chair
Heather Clemons, MS, MBA, ATC –
Membership Committee Chair
Leticia Zuniga Bresnahan, MBA, CHCP –
Program Committee Chair
David Wiljer, PhD – Scholarship Committee Chair
Mary G. Turco, EdD, FSACME –
Strategic Affairs Committee Chair
Listserv Manager – Dave Pieper
Tri-Group Representatives (ACEHP, AHME, SACME)
Betsy Williams (Chair), David Wiljer, Joyce Fried

SACME HEADQUARTERS

Katie Keel, MPA, CAE – Executive Director