

*August 2011*



*“Education,  
Collaboration,  
Fellowship,  
Networking.”*

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information

## A WORD FROM THE IACME PRESIDENT Michelle Adams

*Some people want it to happen, some wish it to happen, others make it happen.*  
*Anonymous*

In the beginning of August, the board met to discuss where we'd like to be by the next Annual Meeting. I have to say I feel honored to be part of a group so committed to improving the IACME. We are aware of the challenges our members face developing CME with fewer resources and more rules. Our goal is to help you meet those challenges by building a resource that is easy and affordable to access. We want to accomplish this by increasing our membership and providing you more opportunities to learn about what is happening in the CME community.

We have committed our resources this year to building our membership. Our group feels so strongly about building that foundation, that we have added a co-chair to our membership group. Dr. Paul Ray has teamed up with Linda DuPont to run the membership committee. Each board member has been asked to reach out and find people who will help us reach our goals. You may receive a phone call from a board member in the next few weeks asking you to become involved and we encourage you to do so. With the restructuring of the committee, you can choose *how much* or *how little* time you can dedicate. If you'd like to get involved, contact Linda DuPont (414.448.1112 or [linda.sue.dupont@aurora.org](mailto:linda.sue.dupont@aurora.org)).

Another area the board wants to expand is our educational offerings. As organizations cut back on spending, fewer members are able to travel to national and regional meetings. In response, IACME is adding a new feature to our newsletter. This feature encourages members to write a summary and share pearls about meetings they attend. Our first article has been submitted by Jennifer Pitts from the American College of Chest Physicians. We hope this new feature will help keep you informed on what is happening out in the CME world. We will be sending out calls to submit articles from specific meetings. If you are attending a meeting in September, October, or November and would like to submit an article please contact Sigita Wolf ([swolf@abms.org](mailto:swolf@abms.org)).

In addition to reporting on other meetings, we are developing more educational activities for our members. We are very excited to be offering our first webcast. ConferencePlus has partnered with the Illinois Alliance and will sponsor an "Ask the Expert" webcast scheduled for late September. We are developing content now so watch your inbox for information. We'd like to say a big thank you to ConferencePlus for sponsoring this activity for our members. In addition, Dr. Todd Dorman,

who presented at our Annual Meeting in May, has given us permission to post his presentation on the website. Don't forget to join us on October 14<sup>th</sup> for the ISMS & IACME Fall Planners' Workshop in Oakbrook, Illinois. We look forward to seeing all of you.

## **SPOTLIGHT: IACME Program Committee**

**Chris Presta, Chair**

## **FALL CONFERENCE SCHEDULED & MAY MEETING PHOTOS POSTED**

### **MARK YOUR CALENDAR!!!**

#### **IACME and ISMS Collaborative Conference**

Friday, October 14, 2011

Oakbrook Hills Marriot Resort

Keynote Speakers:

Dave Davis, M.D.

Senior Director, Continuing Education and Performance Improvement  
Association of American Medical Colleges

Wes Cleveland, J.D.

Attorney, Private Sector Advocacy Group, American Medical Association

Be on the lookout for your registration brochure!

Be sure to view photos from the Annual Meeting this may on our website at

<http://www.iacmeonline.org/event/2011-annual-spring-meeting>

### **IACME on LinkedIn**

Did you know that half of the IACME membership is part of the IACME LinkedIn group?

If you aren't yet a member, join now (instructions below)! If you are a member, we encourage you to utilize this forum to interact with your colleagues in the area! Also, see instructions below to ensure you receive email alerts, when colleagues are posting messages to the group.

To JOIN the IACME LinkedIn group:

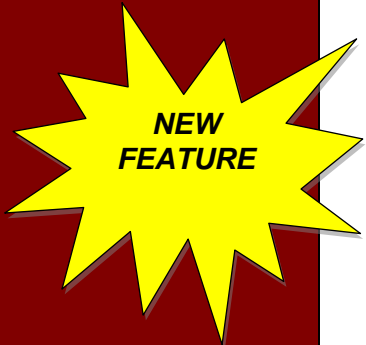
1. Create a user account on LinkedIn ([www.linkedin.com](http://www.linkedin.com)), or log in.
2. Select "Groups" from the top menu bar.
3. In the top right corner, type "IACME" in the search box, and click the search icon.
4. The IACME logo and full organization name (Illinois Alliance for Continuing Medical Education) should appear – click on the name.
5. Select "Join Now", and a request will be sent to an administrator for approval. (IACME LinkedIn Group is open to IACME members only)

To check/change your notification settings, so that you receive updates on posts from other members:

1. Select the IACME group from the "Groups" menu bar.
2. Click on the "More" menu option within the group.
3. Under "My Settings" check the boxes/make selections for how you

would want to receive group updates. You may choose to receive e-mail notifications for daily or weekly digest of all group activity, and/or for each new discussion in the group. You have the option to change this at any time based on your preferences. We encourage you to set up to receive some kind of notification, so that you can see follow group activity and stay connected to your colleagues.

Note: In order to ensure that you are continuously connected to colleague network, don't forget to update your account information, if you change organizations/e-mail addresses.



## **CME NEWSbrief – ACCP**

### **Alliance for CME Medical Specialty Societies Member Section Meeting August 12, 2011 in Chicago**

*Reported by Jennifer Pitts, M.A.  
American College of Chest Physicians*

#### **What the meeting was about:**

- It's a chance for CME professionals at all levels to share and exchange ideas, Network, network, network!!
- It's an opportunity for those in associations who can't spend money to attend the larger national meeting in January
- Opportunity to hear updates from the thought leaders and ask questions or ask clarification on a specific areas from the regulatory bodies we all work with: AMA, ACCME, & ABMS

#### **Why as a CME professional we would care:**

CME professionals should care because we're still trying to build a profession and a body of evidence within that profession. We all got into "CME" not because of exposure growing up like with a family business or military service, or even through a formal undergraduate or graduate program, but rather "by chance" through various experiences and exposures to the broader association and medical communities. Local meetings like this help to develop a greater sense and appreciation of that shared experience. I think our strength, as a community is that we come from various backgrounds and have unique perspectives to share with one another. It's those little "nuggets" you either give or receive from a meeting like this that really counts! For me it was the gratification I felt being able to provide some of my experiences and advice ("words of wisdom" so to speak) to those preparing to apply to the ABIM for MOC Part 4.

#### **What did like about the meeting:**

- ACCME released a "preview" of some of the new PARS data that Steve Singer presented to the group. A full data report won't be released to the "masses" for several more months.
- Not just about CME but we also heard a presentation on

technology and learning- how physicians are using technology for learning and trends in the field that will impact (and in some ways dictate) how we're going to have to adapt to deliver content to our members in the near future.

Discussions and comments focused around how to get started and how to pay for it!

- CCMEP panel discussion on whether to take the exam or not. Lively discussion around how this exam will grow and mature including grandfathering people in, how often do you need to retake the exam, different levels of the exam for different experience levels?

#### **What did you not like about the meeting:**

This is my second year in a row attending and the major disappointing thing for me was that I didn't see too many new faces there! I think this speaks to the point of those leaders who have been in CME for a long time encouraging those who haven't to attend these types of meetings and get involved!

#### **Why did I attend?**

Because the CME leaders in my organization don't just passively encourage professional development but model the behavior and make it part of my overall performance. This was my first year on the program planning committee and I was able to find a unique way of contributing content and expertise to the meeting by bringing in a speaker on learning and technology.

## **The Reaccreditation Process: a Society's Perspective**

Rebecca DeVivo, MPH, MSW  
Senior Director, Education and Training  
American Society for Gastrointestinal Endoscopy

CONTEXT: Our specialty society, American Society for Gastrointestinal Endoscopy, is a procedural specialty society with a strong focus on hands-on skills training, which makes some elements (i.e., relating to practice) a little easier. It has approximately 12,000 members and 40 staff.

- **What steps did you take internally prior to starting the self-study/reaccreditation process in order to help your organization prepare for the reaccreditation process?**

Our self-study process began shortly after I (Senior Director, Education and Training) joined the organization, so I combined the process of analyzing our processes and documentation with preparing for the self study. I started having a lot of meetings 12-18 months prior to the self study. I met with:

- The education staff - to identify areas for improvement and processes that needed to be implemented. The early timeline was important for this element so that we would have time to document new processes before submitting the self study.

- Staff leadership - to underscore the importance of the self study and the level of effort that would be involved. We agreed to make it an organizational objective for the year that everyone would contribute to.
- The entire staff - to provide background on CME and the self-study and to discuss how all of our processes interconnect (patient education, communications, development, finance, etc.)
- Physician leadership - the education committees and the board, particularly - to let them know early on that this effort would be taking place over the next 12-18 months and their support would be needed.

- **If you have done a self study prior to this one, what are some of the major differences that you found in this self study? If this is your first self study, describe your impressions and thoughts on the process.**

I had started a self study process previously, but this is the first time I saw the process through from the beginning to the end. Since we were the second cohort to go through under the new criteria, there wasn't much comparison to the previous process. I spent a great deal of time just trying to decipher what the ACCME meant, and in some cases, I wrote multiple answers to make sure our bases were covered. I continue to find the most difficult aspect of the self study the need to prove a negative (i.e., document that your faculty did not receive any additional payments, etc.) I kept needing to remind myself that it was documenting you have a process in place, and not documenting what faculty did or did not do.

- **What were some of the key challenges that you encountered in completing the self study and/or reaccreditation process. How did you deal with them? Lessons learned?**

**Recommendations?** As mentioned above my greatest challenges were probably in trying to figure out what ACCME was looking for, and in having enough time to implement processes and make sure they're documented.

Recommendations: 1) start early, 2) make sure that any clarification you get from ACCME is in writing, 3) don't be afraid to repeat yourself. There were several items where I thought "well, I already described this in detail in another section." I just did it again. I didn't want the reviewers to have to go looking for something, or have to connect dots that seemed obvious to me but may not be so to them.

- **How far in advance did you start preparing for this? How much time did you spend compiling your self-study?**

I started the review process 12-18 months out internally, including test files, etc. I started writing 6 months in advance. I wanted to have it done with several weeks to spare to allow time for review. One question I have received a lot is the benefit of writing the self study myself, versus different people taking on different sections. I did write 90% of it directly, although other staff put together the activity files (and then we switched for

review). I believe it's easier to have a cohesive document with one primary author. In larger organizations, when different individuals oversee different aspects of the content, a different approach may be better.

- **Did anyone outside of your staff review your self-study? If so, what value (if any) did this add?**

I did have an individual in the same cohort review my self-study (the main body of it – not all of the attachments), and I reviewed theirs. I chose someone who was familiar with the same rules and criteria, but was not from a specialty society. My ACCME reviewers were not from a specialty society, so I wanted to make sure that what we put together made sense to someone outside of my world. It was extremely helpful and I would strongly recommend it – but you have to build it into the timeline.

- **If you achieved accreditation with commendation, what do you think made you successful?**

Accreditation with commendation is a little easier for a specialty society that is procedural in nature – we have an automatic tie to practice and collaborate with other societies regularly. I do think it was very helpful to meet with other departments in my organization to talk through some of the interconnections. That's where a lot of my best material for the commendation items came from, including “non-education” programs, such as patient education, quality improvement programs, etc.

- **For the submission of activity files, did you utilize hard copy or go green and submit by PDF on a CD or flash drive? What was your experience with this format? Preferred?**

We submitted hard copies, which I find easier, because we can see how it all flows more easily. One of my biggest priorities was to make everything as easy to read and follow as possible (and I got good feedback from surveyors on that).

- **If you had an interview by phone, did everyone call in separately or did you have physician leaders with you in the same location? If you did, do you feel this made a difference in how the interview went?**

Our meeting was in person, and I would definitely do it that way again, if I have a choice. It's much easier to just have a regular conversation face-to-face. I would also mention that we brought some additional documentation with us for the interview that we weren't able to complete in time for the self study. We considered what items they might have questions on, and brought 3-5 items of additional documentation that we would only provide if it came up. They only asked about one of them, but I was glad to have it and they did include it in the file.

### **How is your organization addressing the ACCME Criteria?**

What you are doing may help your colleagues, or spark questions

that will help you! **Add to the conversation on the IACME  
LinkedIn Discussion Group! Go to:**  
[http://www.linkedin.com/groups?gid=1903150&trk=myg\\_ugrp  
\\_ovr](http://www.linkedin.com/groups?gid=1903150&trk=myg_ugrp_ovr)

**You must be a member of the IACME to join.**