

The Frances Maitland Memorial Lecture Presented by Robert F. Orsetti, MA, FACME

From Mr. Orsetti's Presentation at the 2008 Alliance Annual Conference

It is a great honor and singular privilege to be chosen to present the Frances Maitland Memorial Lecture and to follow my distinguished Alliance colleagues who have been so honored previously. This is truly an unparalleled highlight of my almost 40 years in CME. Thank you Alliance, and thank you members of the Awards Committee.

Those of us who work to bring medical education to physicians and the health care community could not have chosen a more worthy profession. It is both a unique and wonderful feeling to know that, in some small way, our efforts have contributed and will continue to contribute to the well-being of another human being, while simultaneously advancing medical research and science.

Careers and the contributions they produce do not, however, develop and grow in a vacuum. Careers must be guided, nourished, critiqued and validated by caring family, friends, and professional colleagues who remain blind to quick and self-serving judgment, yet are wise enough to recognize potential, and patient enough to help it emerge. Such was the character of Frances Maitland.

Although Frances left us several years ago, I often think about her, and smile I might add, when confronted with new and seemingly insurmountable CME challenges. "What would Frances do? What would she recommend?" I ask myself. "I wish I could give her a call." Frances was always open to a call, to a discussion, to almost anything that would help those less experienced to make the right decision and to advance their knowledge and competence.

When I first met Frances Maitland in about 1980, I was the quintessential CME neophyte, having started my career as a medical writer in the pharmaceutical industry. When the company became interested in supporting medical education, I was selected to lead the effort. I literally had no clue where to begin. Fortunately, I would soon meet Frances at the recommendation of Mary Ann Dillion, who was the CME Director at the University of Chicago. At that time, I could barely spell CME and certainly knew nothing of its policies, practices, participants and leaders. That would soon change with Frances as guide and mentor.

Among her first objectives was to encourage me to become involved in the Alliance and, eventually, to stand for election to its Board. Under her watchful eye and guiding hand, I served two terms on the Alliance Board. In the early going, she and I had countless discussions about what to do, how to do it and what not to do. Perhaps her most important advice was to do what you say you are going to do, don't take on too much, and ask when in doubt. It was sound advice to be sure, but I suspect that the *don't take on too much* mandate continues to elude many of us.

During that period and throughout the years that she led the Accreditation Council for Continuing Medical Education (ACCME), our discussions continued as she carefully led me through the many nuances associated with the business of CME. She always had time, no question was unimportant, and her advice proved to be both sound and accurate. She was a true mentor. I believe Frances helped to mold and shape the entire profession of CME—from its early days, when she played a leading role, to its present-day influence and success. She certainly was a respectful proponent of guideline adherence, but Frances was always ready to listen to sound reasoning as to why a different approach might accomplish the same beneficial educational result. She was an interesting combination of flexibility and firmness. Those years witnessed great change in CME as the Food and Drug Administration (FDA), American Medical Association (AMA), and ACCME guidances were formulated. Frances contributed greatly to my preparedness for participation in those discussions and the decisions that followed.

Then there were the committee appointments, the Boards that she thought I could contribute to, and the people that I should meet. She was a true mentor who one-by-one placed in good order the stepping stones to career development.

True leaders often have an innate sense of what is right, perhaps without fully appreciating the immediate or far reaching effect that they are having on individuals or circumstances. Effective leadership and mentoring, however, generally stand the test of time and influence people, processes, and systems for years to come. Frances' contributions to our profession continue to exert their subtle influences on thought and decisions in CME to this day.

As we move through our personal and professional lives, dealing with the ups and downs common to us all, it is often easy, albeit unintentional, to take people for granted. The lesson and legacy of Frances Maitland, indeed the message to us all, is to take the time to be there for others and especially those new to CME. Time is our most precious commodity, the giving of which can profoundly influence the lives of others, influences that are not necessarily apparent at the outset but which invariably make a difference in a life, a profession or a career.

To those of us who society labels as senior in reflection of hair color or years in CME, I say, *keep at it*, for you have contributed mightily to the advancement of CME, and have paved the way and secured the future for those who will follow you. Use your experience, savvy, and know-how to mentor those who seek your advice.

Be caring stewards of your charge, thoughtful and patient as Frances would have it. Help people and the CME profession to tackle the challenges, to grow with the times, to change, and to blossom fully.

To those new to CME or early in your careers, realize that you have chosen a wonderful profession and one that, despite regulatory boundaries, offers profound opportunity to make a difference in the lives of many individuals. Your mandate is to assure that health care professionals have the tools and skills to remain current, and to practice to the best of their abilities while advancing knowledge within the medical sciences. Recognize, too, that you have much to contribute, no matter what your experience or position. New ideas, concepts, and methodologies are essential and always welcomed.

Join committees, participate in focus groups and conference breakout sessions, join the special interest groups of your choosing, offer ideas to conference planning committees, volunteer to speak or to moderate a session, and carry messages learned back to your organizations. CME will be the beneficiary of your involvement, and you will grow in the process. Bring the message home, a responsibility that we hold in common, as a means to assure understanding and compliance in our profession. Speak out. Let your voices be heard when you disagree with some aspect of CME policy or practice. Suggest alternate ways to solve problems, to reach consensus, to set new directions. Will every suggestion be accepted or molded into the fabric of CME? Unlikely, but you will have fostered thoughtful reflection, consideration and perhaps testing of your ideas. That of itself is important, for policy and practice are rarely accepted and implemented as originally conceived. Those that stand the test of time, critique and debate result from incorporation of the best thinking of many.

As people change positions and jobs or retire within CME organizations, institutional memory is often lost, resulting in confusion, noncompliance and media criticism. Bring the message home by mentoring those in your organization who need to know, to understand, to perform optimally, while preparing those who come after you. Do not shy away from collaboration with individuals and organizations for the betterment of CME. Willingly share concepts, ideas and skills to improve motivation, processes and outcomes, and to effect independent, compliant, and bias-free activities.

Some leaders may be born, but most emerge from an inexplicable merging of native intelligence, good parenting, education, life and career experiences, initiative, friendships and mentoring. A very tangible outgrowth of mentoring, collaboration and participation in CME is the development and emergence of future leaders who will guide the profession and set its policies and practices in the years ahead. Often in conversation, we hear colleagues cite the need for fresh thinking in CME, for new ideas, for new

faculty at conferences, for new voices on planning committees. These and other such *wish list* items reflect organizational interest among members, organizational health, and a desire to attain even greater heights. Organizational growth and success is best achieved by carefully blending the wisdom and experience of longstanding members with the enthusiasm, energy, and new directions of its newer members.

Mentoring of newcomers to CME and its professional organizations creates the foundation for leadership development. That guidance coupled with practical workplace application and collaboration among colleagues not only yields career advantages but, for some, will provide the direction, purpose, and confidence necessary for leadership in CME.

CME is an ever-changing profession with regulations, policies and practices that rarely remain static for very long. To keep pace with such change and to apply policy appropriately and effectively is a continual challenge. Good leaders help us bridge the gaps, find the answers, set direction, and grow in our professional lives. Mentoring, and the application of its teachings, will let leaders emerge and secure the future of CME.

In closing, I encourage each of you to be a part of the creation of a continuum of professionalism in CME. Frances Maitland certainly was. Thank you Frances, for doing so much for so many.