

ACCE News

Volume 3, Number 2 January, 1993

President's Message

or

Musings of a Capacitive Contact Electrode

Joseph F. Dyro, Ph.D., C.C.E.

As I sat down to prepare my end of the year message on the state of the College, my eye caught sight of *Webster's Encyclopedia of Medical Devices*. I know John Webster and regard his publication highly, it forms the backbone of many academic programs in clinical engineering. Why not check out the Abbreviations and Acronyms section of his weighty four volume tome? *Mirabile dictu!* I saw CCE. I read further... "*CCE - a capacitive contact electrode.*" The point is, dear ACCE members, we still have a way to go in establishing a solid niche for clinical engineering. A fair amount of confusion remains in advertisements and review articles concerning position descriptions, responsibilities and qualifications. Clinical engineering associate and clinical engineering service person are two terms I recently encountered. On the positive side, most of the ads for clinical engineers in a recent issue of the *Journal of Clinical Engineering* stated ICC certification as required or preferred. Only one ad erroneously referred to it as AAMI certification. Recognition of clinical engineering has been advanced through the *ACCE Definition of a Clinical Engineer*. Requests for the definition have been received from all around the world, from developing countries as well as countries with advanced healthcare systems.

Your board met in September. The committees are active and filled with hope and ideas. All committees can use your expertise. If you can make the commitment, please contact the chair of your favorite committee. The Advocacy Committee will remain busy protecting and defending the definition of a clinical engineer and ensuring that the term is used appropriately. The Membership Committee has a new and varied membership with a charge to reach all those who would benefit from the activities of the College. Towards this end, this newsletter is being sent to all Certified Clinical Engineers to further acquaint them with the programs and promise of the ACCE. The newly formed Education Committee is developing plans for providing programs uniquely tailored to our members. The ACCE News is well managed and remains flexible enough to accommodate your ideas for improvements and different directions. Can you find what is new in this newsletter? Liaison members have established formal ties with ICC, IFMBE, AIMBE and AAMI. As of this writing, an ASHE liaison remains to be designated. At the next meeting in January, the board will commit resources

to action plans submitted by working committees to increase the tangible benefits the membership derive from ACCE.

ACCE lapel pins have just been received from the pin factory. These will be sent out to all members in the near future. Rumor has it that they will come with a request to pay your dues for the next year. Congratulations to Wayne Morse for designing and delivering an attractive pin that we can be proud to wear.

The Boston Organizing Committee adds a global perspective to ACCE as it prepares for an advanced clinical engineering workshop in Boston in May of 1993. This endeavor to enhance the skills and understanding of clinical engineers from Eastern Europe and Latin America affords ACCE members the opportunity to participate as instructors and as practicum hosts and to increase professional contacts.

Your President continues his active management of clinical engineering while helping the University to establish links between its Hospital and the industrial sector. Medical device design and development and biomedical engineering training and assistance are proving to be logical adjuncts to and extensions of clinical engineering. This is a nationwide trend, part of the economic conversion in a peacetime economy.

I encountered two clinical engineers last month. One said about his work, "*It's just a job. I'm only in it for the money.*" The other said, "*I like what I'm doing. I enjoy my work. I realize I have special skills, strengths and talents and I seek to put these to use. I can serve myself as well as serve others if I share these gifts. This in itself is rewarding.*" Which one are you?

Inside ACCE News

ICC Continuing Education Survey	2
Advanced Clinical Engineering Workshop	2
TECH Proposed Equip. Donation Standard	3
Orbis International	4
What's New	4
ACCE Response to Device Tracking	5
Members in Profile	8

ICC Continuing Education Survey

Members of the ACCE were polled last year on their thoughts as to what they felt about continuing education to retain their certification. Approximately 20% of the membership responded of which 33% were not certified. The general consensus of the respondents was that continuing education is needed and should be put into place. Just how it will be done is still being studied, along with what constitutes a CEU and how many would be required. The survey showed that four general categories could be considered for CEU's:

- Formal Classes – Such as college courses, short courses, or workshops, symposiums and seminars.
- Publications, Reports And Presentations – Such as publishing a book, referenced and non-reference publications, reports/proposals, reviewer/referee of publications, and publications.
- Professional Society Participation – Attending scientific meetings, society participation (committee work) or holding office.
- Other – Such as reading of journals, tapes etc., awards/recognition and other professionally related activities.

Each activity would have a different rating with no set number of CEU's from each class required over a period of time to continue your certification.

The results of the survey were presented to the ICC which is deliberating what their future actions will be. (Editor's Note – look for a decision in 1993 after the ICC annual meeting).

Advanced Clinical Engineering Workshop

The second advanced clinical engineering workshop planning is well underway. The Boston Organizing Committee, under the leadership of Yadin David, is planning a three track program over four weeks for approximately eighty engineers. Forty to Fifty engineers from Eastern Europe are scheduled for the workshop, twenty from South and Central America with the remaining students from the United States. Serving on the BOC are Tom Judd, Bob Morris, Al Jakniunas, Frank Painter, Jim Wear, Henry Montenegro, Joe Dyro, Tom Bauld, Mark Brody, Binseng Wang and David Harrington. More information in the next newsletter, along with requests for teachers and suggestions for attendees.

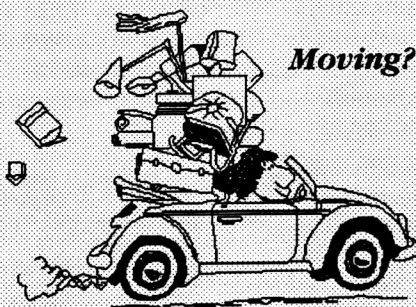
Help Needed in Guyana

One of our members, George Johnson, is trying to setup a biomedical program in Georgetown, Guyana. George needs some manuals to help get the program off the ground. Included on his list are: Cardiac Recorders Ltd.; EKG Machine, Model Minigraph CR200; Moller Laboratory Shaker, Model 0402; CDR Ultrasound unit, Model U56-1; and Fetal Pulse Doppler, FD40; Medical System EKG, Model MSC 711; Teruna Ceramics Fetal Pulse Doppler "Terumo"; Ivac Model 230; Ved Ultrasound, TUR USR-2; Phillips Oscilloscope, PM 3207; Mennen Patient Monitor 515-032-030; Busch and Lomb Spectrophotometer, Model Spectronic 20. If you can send any of these, please fax George at 011-592-2-69970 for shipping directions.

Editor's Note: AMRF is trying to assemble a library of manuals that can be supplied either nationally or internationally. If you have manuals to contribute, please call 508-580-3301.

ACCE News
c/o Medical Engineering
New England Medical Center
750 Washington Street
Boston, MA 02111
PHONE: (617) 956-5367
FAX: (617) 956-4736

Editorial Staff
David Harrington, Editor
Daniel Benson, Graphic Coordinator
Matthew Baretich
Mark Brody
Grant LaFleur
Bob Morris
Wayne Morse
Ira S. Tackel



If you move or change your address, phone or Fax number, please send the information to the Houston address; ACCE, 5307 Queenslock Drive, Houston, Texas 77096. Phone 713-798-1809 or Fax 713-770-1850. This will assure the proper mailing of all correspondence from the college. Recent membership changes in location are: Binseng Wang is now

at MEDIQ, PRN in Morristown, N.J. Tom Judd is at Kaiser in Atlanta and Lt. Col. Tom Romeyn is now at Wright Patterson Air Force Base in Ohio.

Tech Proposed Equipment Donation Standard

This proposed equipment donation standard is published for informational purposes, neither the ACCE Board or ACCE News has taken a position on this proposed standard.

TECH

Technical Exchange For Christian Healthcare
Statement Of Purpose And Standards

Mission Statement:

The goal of TECH is to improve the quality of healthcare equipment and supplies in the developing World by:

- a. Establishing standards of quality.
- b. Encouraging member organizations and others to meet the established standards.
- c. Increasing cooperation and information exchange through a network of member organizations.
- d. Enhancing equipment and supply utilization through appropriate technical education.
- e. Discouraging inappropriate donations.

Quality Standards for Medical and Dental Equipment for use in the Developing World.

1. **Clinically and Economically Appropriate**
Suppliers of equipment to the developing World will provide equipment that achieves the needed clinical function and is economically reasonable for the recipient.
2. **Environmentally Appropriate**
Equipment users will provide the conditions required for its intended use. These would include sufficient space, proper power source and protection from excessive dust and humidity.
3. **Equipment Quality**
Suppliers will ensure that equipment is fully operational with all essential accessories and supplies before shipping to the recipient. The supplier will follow a basic checklist to see that all components have been included and will provide the recipient with a like list.
4. **Technical Manuals**
All equipment provided will have appropriate operator, service and maintenance manuals.

5. **Installation Instructions**
The supplier will ensure that detailed installation instructions are provided for all equipment that require installation.
6. **Equipment Training**
Suppliers, where possible, will promote, recommend and provide training for equipment provided. This would include skills in installation, operation, maintenance and repair.
7. **Packing and Shipping**
The supplier will ensure that packing is done so as to clearly identify all components included and to minimize damage during shipment.
8. **Equipment Maintenance**
Suppliers, in conjunction with the users, will access and advise whether requested equipment can be realistically maintained. Considerations would include availability of technical materials, qualified service providers, repair parts, equipment accessories and supplies.
9. **Technical Assistance – Shipping & Installation**
The supplier will provide necessary technical assistance in the packing and shipping of equipment for transport to the user. Where necessary and possible the supplier will provide technical assistance for the installation of equipment.
10. **Desired Equipment Features**
In considering providing equipment to the developing World, suppliers will refer to the following list of characteristics: Simplicity, portability, minimum required accessories, availability of supplies necessary for operation. Standardization of equipment in the user's area is ideal, if possible.

Appropriate Technology – What is it?

The preceding list of quality standards was developed by an *umbrella* organization in the United States whose primary focus has been serving the needs of charitable hospitals in developing countries. This organization includes clinical engineers, BMETs, doctors, nurses, medical technologists, hospital administrators, purchasing agents, and other engineers, scientists and medical professionals. A focus of these *voluntary* standards is on the responsibilities of the *donor*. Perhaps, additional standards could be added to this set from the perspective of the *recipient*. ACCE does not necessarily endorse these standards, but

Continued on Page 4

ORBIS International ACCE Member Visits China & Mongolia

may want to develop a more complete set as a project, using these ideas as building blocks.

Key deeper issues that emerge for a clinical engineer who wishes to assist charitable hospitals in receiving (what is typically) donated equipment are to help those hospitals meet their real needs with equipment that is appropriate to the clinical situation, that will work as intended for a reasonable period of time, and that is cost-effective for the setting in which used.

What is *appropriate* equipment? ECRI has begun a project that answers this question three-dimensionally according to the following scheme: (1) using their *universal medical device nomenclature* - rated as 1=Essential to Basic, 2=Essential to Advanced, 3=Justifiable, 4=Emerging, 5=Experimental, expected to be used in major clinical specialties (such as Radiology, Cardiology, Laboratory, etc.); (2) devices are also projected as appropriate based on the size of the healthcare delivery unit in a culture, i.e., in Turkey - by hospital bed complement ranging as small as a 25 bed hospital facility to as large as a 1,000 bed medical facility; and by (3) the country's level of technological/sociological sophistication, rated I-IV, - Bangladesh is Level I, Turkey Level II, and the U.S. Level IV. This is a massive project, which is only just begun for ECRI. Perhaps, ACCE can assist in some fashion, helping to provide a reasonable global definition for *appropriate* medical equipment. It is a project worthy of our aggregate ACCE brain power. This question of what is appropriate was also raised by the Latin American attendees during last year's Advanced CE Workshop - Something to think about.

Alan Levenson, ACCE member, has recently returned from a month-long journey to Qingdao, China and Ulaan Bataar, Mongolia. Levenson is the newly appointed Director of Technical Services for ORBIS International, headquartered in New York City.

ORBIS International (formerly Project ORBIS) is a global, nonprofit organization that combats blindness in the World's population through education and hands-on training. The principal vehicle for ORBIS's work is a DC-8 jet that was donated to the project by United Airlines. Housed aboard the converted aircraft is a fully equipped ophthalmological teaching hospital complete with an examination and laser treatment room, operating room, recovery room, A-V television studio, 18-seat classroom, scrub and sub-sterile area and library.

Levenson made the visit to these locales with the DC-8 to observe and participate in the teaching experience as well as to develop ideas for the establishment of an international technical training program for ophthalmic and other relevant instrumentation. Levenson hopes that, within the year, ORBIS will be in a position to send visiting faculty composed of engineers and technicians to developing nations to teach local technical and other members of the medical community up-to-date techniques in the repair and maintenance of their equipment.

For further information, please call ORBIS International at (212) 244-2525.

A call for papers for Computer Based Medical Systems has been issued. The symposium is June 13 - 16, 1993, in Ann Arbor, Michigan. This is an IEEE sponsored symposium. For a full information package call Deborah S. Highfield at 313-665-2535.

National Engineers Week is February 14 - 19, 1993. To obtain a kit to help promote the profession, please contact Kelly Cunningham at the NSPE 703-684-2852.

A new book titled "Management Of Medical Technology", edited by Joseph D. Bronzino, contributing authors are Matt Baretich, Mark Brody, Yadin David, Mark English, Gerald Goodman and Dennis Minsent, all ACCE members. It is published by Butterworth Heinemann.



The traveling troupe of Bob Morris, Tom Judd, Joe Dyro, and Yadin David all have been in the Far East.

A new and potentially worrisome type of lawsuit has been filed in New York. In the suit a company claiming patent infringement on two other companies, not only sued them but health care facilities that purchased devices from the two companies.

The 1993 JCAHO requirements has a new section called Staff Education. Training documentation must be shown for both the people using devices and those repairing devices.

This requirement previously had been spread among several standards.

ACCE Response to the Device Tracking Requirement

The following response was prepared under the leadership of Mo Kasti and submitted on July 28, 1992, to the FDA with copies to Congressmen Dingel and Waxman

FDA Dockets Management Branch (HFA-305)
Food and Drug Administration, Room 1-23
12420 Parklawn Drive
Rockville, Maryland 20857

Subject: Comments on 21 CFR Part 821 (Docket No. 91N-02961) Proposed Rule (57 Federal Register 22966-22981) "Medical Devices; Device Tracking"

Gentlemen:

The American College of Clinical Engineering (ACCE) submits the following comments related to the proposed device tracking regulations issued by the FDA.

ACCE is a professional organization of clinical engineers and biomedical engineers working in the health care system. ACCE shares the FDA's objective of ensuring the safe and effective application of science and technology to patient care.

ACCE believes that providing high quality, cost effective health care requires the close cooperation of health care facilities, manufacturers, government, and patients. It is our hope that government regulations will be developed in a way that enhances that cooperation.

We believe the proposed rule will seriously undermine that cooperation and, so, reduce the availability of high quality, affordable health care.

Our specific concerns are detailed below:

Undemonstrated Need

The proposed regulations impose very significant demands upon hospitals and other device user facilities. But, there is no evidence that the FDA's proposed device tracking regulations are needed. The legislative history of the Safe Medical Device Act (SMDA) does not show that congress ever intended that burdensome regulations would be placed on device user facilities. Congressional intent was clearly to place the burden of device tracking on manufacturers.

Even the FDA's own publication (FDA 91-4243, Highlights of the Safe Medical Devices Act of 1990) ac-

knowledges that only "Manufacturers must adopt a method of tracking devices..". There is no legislative mandate to impose similar requirements on other groups within the health care community.

Given the lack of Congressional intent, the lack of statutory authority, and the lack of any demonstrated need for the tracking of devices by device user facilities, we urge that these regulations be revised to delete this requirement.

Additional Burdens

Device User Facilities

- The device user facilities have recently been burdened by regulations imposed by the SMDA and OSHA's blood borne pathogen program. Compliance with these regulations requires a very significant allocation of personnel, time, and financial resources. At a time when national debate is focused on the affordability of health care, it makes no sense to impose regulations which will raise the cost of that care without a clear demonstration of a significant benefit.
- Manufacturers can easily focus their resources on tracking the few devices they manufacture; moreover, they have a clear incentive to do so because of their interest in product improvement and liability reduction. On the other hand, under the proposed regulations, device user facilities and physicians are expected to track the same information on hundreds of different types of medical devices. The record keeping requirements will be significant, but no additional benefits will be derived by maintaining such duplicate records.

Manufacturers

- The proposed regulations will impose significant burdens on device manufacturers. ACCE believes that smaller companies will be especially hard hit, forcing many of them out of business and reducing healthy competition.

Equipment Rental Companies

- Health care facilities have increasingly turned to equipment rental companies as an alternative to the outright purchase of equipment that is needed on a sporadic and temporary basis. Under the proposed regulations, it appears that these companies will be required to maintain extensive

records about the usage of their equipment. These requirements will force their costs, and ultimately the costs imposed on patients, to go higher.

Confidentiality

- ACCE is particularly concerned that the device tracking regulations give manufacturers and equipment rental companies access to confidential patient information.
- ACCE is concerned that manufacturers will have the right and obligation to audit physicians and facilities. This intrusive activity will clearly hurt the relationship between manufacturers and their customers.
- The regulations propose that patients give consent to the use of their Social Security numbers. This protected information should not be required by FDA regulation. Congressional authorization should be required and it has not been given.
- Additional effort will be required to discuss and obtain informed patient consent if Social Security numbers are to be obtained.

Logistics

- The initial reporting of device acquisition by health care facilities should be required from the manufacturers and/or distributors as sales are made. Health care facilities should at most be involved with reporting on implants and explants.
- The regulations require both the distributor (hospital) and the final distributor (physician) to track the device and report to the manufacturer. For the vast majority of devices this represents unneeded duplication, which should be eliminated. Physicians should be allowed to delegate to the hospital their reporting responsibilities under the proposed regulations.
- The FDA should encourage and fund cooperative efforts between manufacturers and device users to develop a standard reporting form.

Infusion Pumps

- Adding infusion pumps to the list of FDA Designated Devices and removing them from the list of "devices used Outside user facilities" is totally

unwarranted. The FDA has not presented a rationale for requiring user facilities to track the location of each of these devices. Most hospitals distribute these to patients from a central inventory. The pumps in a hospital's inventory typically number one pump for every one to four beds. Recording which device is used by a specific patient would impose a massive record keeping requirement that cannot be justified based upon the low incidence of problems.

- Only certain infusion pumps delivering certain drugs should be considered as life-sustaining or life-supporting devices.

Patient Compliance

- The effectiveness of the device tracking regulations depend highly on patient compliance. ECRI's experience in operating the National Implant Registry suggests that patient compliance will be on the order of only 60-70% by the end of the second year.

Measuring Compliance

- The FDA has not proposed a plan to measure manufacturer and distributor compliance with these regulations. Such a plan would be necessary.

Time Frame

- The regulations require that the tracking records be maintained and updated for the useful life of the device. It is unlikely that hospitals will know when a device is explanted, when a patient dies, or when the device is no longer in use. Thus, compliance with the regulations may require that records be kept indefinitely.

Terminology

- The use of terms such as *distributor* in reference to health care facilities is not consistent with general common terminology. Moreover, the terms are not consistent with other terminology used in regulations pertaining to User Reporting. Consistency is required.

Manufacturer Versus Hospitals

- ACCE believes that patient care is significantly enhanced by the close cooperation between device user facilities and manufacturers. Anything which degrades that relationship will have a detrimental effect on that care.

- The requirement that the manufacturer audit hospitals on a frequent basis and send reports to FDA if non-compliance is found will jeopardize

the high level of trust and cooperation that currently exists between hospitals and manufacturers.

- Manufacturers may be reluctant to report non-complying hospitals and physicians for fear of losing their business with them.
- Manufacturers may blame hospitals for not complying with the regulations as a justification for their own failure to comply.

Pilot Phase

ACCE prefers that the requirements imposed on health care facilities and providers be deleted from the proposed regulations. ACCE recommends that health care facilities and providers be allowed to work with manufacturers and equipment suppliers to develop voluntary systems that will produce the level of performance envisioned by these regulations.

However, if the FDA is not willing to let an equivalent voluntary system develop, we urge the agency to test its proposed regulations through an appropriate feasibility study. This pilot phase should be on a limited basis and designed to test the feasibility and expected compliance with this regulation. One specific traceable device should be designated and tracked over a limited period. This study would look for problems with the proposed regulations and potential improvements. The study should also attempt to accurately determine the cost of compliance as well as the actual benefit produced by these regulations. The cost/benefit analysis should be carefully considered before nationwide implementation is required.

Overall Patient Benefits

While the intention of these regulations is the improvement of patient care, ACCE believes that device tracking will actually result in a lowering of the level of patient care.

- Mandatory device-tracking activities may take precedence over direct patient care tasks.
- Increased resources will be required to maintain the present high level of patient care. The source of those resources has yet to be identified.
- Rising health care costs is an important national issue. Maintaining the high quality of care Americans have come to expect is also an important issue. We urge the FDA to consider whether the perceived benefit offered by these regulations will actually result in a net improvement of patient care.

- Compliance with device tracking requirements compromises the patient's privacy.

Liability

Device user facilities will have an additional liability risk if they appear not to be in compliance with the regulations. A plaintiff may claim negligence on the part of the hospital if tracking was not adequate, although the actual responsibility should be on the manufacturer.

Summary

ACCE asserts that the additional burdens and costs of Device Tracking regulations outweigh patient benefits. Device tracking should be the responsibility of the device manufacturer as specified in the SMDA of 1990. The regulations should be refocused to enhance the present system of voluntary cooperation between manufacturers device user facilities and health care providers.

Respectfully Submitted,

Joseph F. Dyro, PhD, CCE
President, ACCE

cc: Congressman John D. Dingel
Congressman Henry A. Waxman

Members should be aware that the JCAHO has added PL3.4 specifically for the compliance of this FDA requirement. It reads: "When information is received that reasonably suggest that a medical device may have caused or contributed to the death, serious injury or serious illness of a patient or other individual, the organization reports that information as required by the Safe Medical Device Act of 1990".

The probes for this standard are:

- a. Incidents reported to the manufacturer or the FDA as required by the SMDA of 1990.
- b. Incident reports that are suspected to be device related.
- c. Device related incidents that involved death, serious injury or illness.
- d. Tracking the number of reports of suspected device related incidents that conclude a device played a role in an incident versus the number of inves-

tigations that concluded no device played a role (that is, are the organization criteria for reporting suspected device related incidents effective or are they resulting in over reporting?)

Scoring

- Score 1 A-D
- Score 2 A-C
- Score 3 A and (B or C)
- Score 4 A Only
- Score 5 Any other not including A

Source FE: PSTM - 8.92 (Page 17)

Members In Profile

This is a new feature where members will be asked these four questions:

1. The most pressing long term problem?
2. The most acute short term problem?
3. The major present problem?
4. If you were King?

The first profile is on Mark Brody, CCE, of the Baystate Health System which includes Baystate Medical Center in Springfield, Mary Lane and Franklin Hospitals. This encompasses over 800 beds with institutions up to 60 miles apart. Mark is a graduate of Syracuse University, has a Masters from the Hartford Graduate Center and became certified in 1991. Mark joined Baystate in 1987 and he is active in local, regional and national clinical engineering societies, he is a charter member of ACCE. He responded to the four questions as follows:

- His most pressing long term problem is the rapid growth and diversity of technology in the hospital that is moving faster than resources and training can be obtained to support the technology.
- The most pressing short term problem is space.
- His most pressing current problem is the uncertainty over the institutional direction on risk management and the centralization of clinical engineering functions.
- If I were King – That no equipment be purchased on which training and support is not included in the purchase order, and that the Clinical Engineering Department be always on the front end of the purchasing decision matrix.

We all wish Mark success on his program and look forward to hearing from the Southeast in the next newsletter.

Rehabilitation Ergonomics Call for Papers

The International Ergonomics Association (IEA) presents a specialized conference on Rehabilitation Ergonomics, August 15-19, 1994 in Toronto, Ontario, Canada. IEA consists of 26 federated ergonomics societies from around the world, and this specialized conference will be part of the XIIth Triennial IEA Congress.

Categories of Participation and Presentations:

- Invited Lectures
- Experienced Research Papers
- Theoretical Papers
- Case Studies

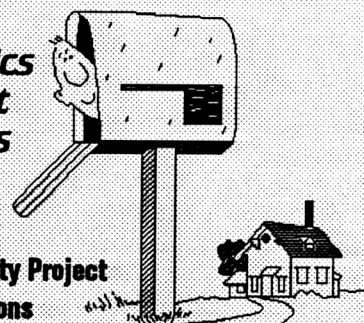
Deadline for abstract submission is 9/1/1993. For further information and submission requirements contact: Shrawan Kumar, Ph.D., Conference Coordinator, Dept. of Physical Therapy, University of Alberta, Edmonton, Alberta, T6G 2G4 Canada Fax (403)-492-1626

Position Available

A Boston Hospital seeks an Associate Director for Technology Development and Administration. Reporting to the Director, Department of Biomedical Engineering (DBE), the associate director will carry out the technology development, mission, and objectives for the DBE. He/she will develop and direct the strategic plan for the DBE and will promote a business approach and a service orientation to technology design and development throughout the division. Responsibilities include overseeing the activities and performance of the design and development group and the model shop, including the development of budget-tracking systems. He/she will provide guidance to the hospital and research community on the engineering aspects of technology transfer, biomedical safety, and technology development related issues. This position will seek to expand linkages between the DBE, MGH, and the external business community. M.S., Engineering required; M.B.A./Ph.D. is highly desirable. In Confidence, please contact:

Cynthia P. Heckscher
Senior Vice President
Diversified Health Search
2005 Market Street, Suite 3300
Philadelphia, PA 19103
(215) 732-6666 or fax (215) 568-8399

**Look for
these topics
in the next
ACCE News**



- **CE Productivity Project**
- **Training Options**
- **Guidelines on Professionalism**