

Medical Society of Virginia CME Program Self Assessment

The purpose of this exercise is to help you: 1) reflect on your activity planning process and overall CME program, 2) identify areas for improvement, and 3) consider changes that if implemented might help improve your CME program. The exercise is also intended to increase your understanding of the Updated Criteria. For providers requesting an educational meeting, your responses will help the Medical Society of Virginia develop a learning activity tailored to your CME program. (Please contact Pam Mazmanian at pmazmanian@msv.org, for more information on individualized educational meetings.)

DIRECTIONS:

With the Updated Criteria for Accreditation, direct involvement of the physician Directors of CME at MSV accredited organizations is increasingly important to assure compliance with accreditation standards. The CME program director should be integrally involved in completing this self assessment. The participation of others interested in CME and improvements in health care should help facilitate your analysis.

The questions listed are to help you reflect on your practices related to each accreditation criterion. Please read the questions and in the right side column list your observations and identify changes that might improve your CME program.

PART A: MISSION STATEMENT CRITERION 1

Criterion 1: The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the results of the program.

(NOTE: A clearly stated mission statement will help you meet Criterion 12 which requires assessment of how well the CME program has met each component of the mission statement, including the expected results.)

<p>1) Review your CME mission statement (MS). Does it include the following components?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Purpose of the CME program,</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Content to be included in learning activities provided,</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Target audience the CME program is designed to address,</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Types or formats of activities in your CME program,</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Expected results of your CME program?</p> <p>To help assess how well the CME program is meeting each components of your mission statement (Criterion 12) might any of the components be stated more clearly? If yes, which ones?</p>	<p>Your observations:</p>
<p>2) Does your mission statement clearly state the expected result of your CME program? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Are the expected results described as changes in:</p> <p><input type="checkbox"/> Competence (Ability, knowing how to do something)</p> <p><input type="checkbox"/> Performance (Skills, ability and strategies implemented in practice)</p> <p><input type="checkbox"/> Patient Outcomes (Quality and safety in patient care)</p>	<p>Your observations:</p>
<p>Would more information on C1 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain</p> <p>If yes or uncertain, what changes might be made to improve the CME MS?</p>

PART B: ACTIVITY/EDUCATIONAL INTERVENTION PLANNING CRITERIA 2 - 6

Criterion 2: The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

(NOTE: A gap in practice is defined as the difference between current practice and the best available evidence. For example, from a recognized healthcare problem (such as hypertension) the gap is a change in practice that, if implemented, may result in some improvement in healthcare related to hypertension. Once the desired change in practice is identified, the need for knowledge, competence and/or performance necessary for change to occur is identified. From that information the objective of the CME activity is developed. A problem and gap in practice may also be identified, for example, from hospital data and/or from recognition of advances in medicine not currently being used by your target population.)

Think about one of your recent CME activities in relation to C2-C6:

Activity name: _____

<p>3) Why was the activity initiated?</p> <p>How did you know there was a gap in practice?</p> <p>What problem or gap was the activity intended to address?</p> <p>How did you know it was related to practice gaps of your own learners?</p>	<p>Your observations:</p>
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4) Is there evidence that the learners' need for knowledge, a new strategy for doing something, or to change practice was considered during the planning process?	Your observations:
Would more information on C2 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N	Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might improve the identification of gaps and educational needs?

Criterion 3: The provider generates activities that are designed to change competence, performance or patient outcome as described in the mission statement.

5) What were the objectives for the CME activity? Are they linked to the identified learner need for knowledge, competence or performance? Do the objectives identify the expected results as changes in knowledge, competence or performance?	Your observations:
Would more information on C3 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N	Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help improve the objectives for CME activities?

Criterion 4: The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional practice.

(NOTE: Scope is defined as the level of medical responsibility and/or health services a practitioner is legally authorized to offer to the public.)

6) Describe, in general, the scope of practice of your physician target population. Do the learners have both clinical and non-clinical responsibilities? Are there areas of medicine that they practice outside their specialty?	Your observations:
7) Do you know if learning activities coincide with your learners' scope of practice? If yes, how do you know?	Your observations:
Would more information on C4 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N	Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure the content of CME activities match learners' current or potential scope of practice?

Criterion 5: The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

8) Was the educational format (e.g., lecture, hands on workshop, simulation) that would be best for obtaining the desired results of the CME activity considered in the program planning process?	Your observations:
Would more information on C5 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N	Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure the format of CME activities is conducive to meeting the desired result of activities?

Criterion 6: The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).

10) During planning was consideration given to the physician competency areas (e.g., IOM, ABMS) that the activity was intended to address?	Your observations:
Would more information on C6 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N	Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure the competency areas are considered in planning CME activities?

STANDARDS FOR COMMERCIAL SUPPORT CRITERIA 7 – 10

Criterion 7: The provider develops activities/educational interventions independent of commercial interests (Note: Please read Standards for Commercial Support 1, 2 and 6.)

11) How does your planning process help ensure all decisions regarding the speakers, content, objectives, and evaluation of CME activities are not influenced by commercial sources? (SCS 1)	Your observations:
12) How do you ensure disclosure of all those in a position to control content (e.g., planners, teachers, authors) is made to the provider ? (SCS 2)	Your observations:
13) When a conflict of interest (COI) is identified, what are your procedures for assuring the content of the CME activity is not influence by the individual's financial interests? How is resolution documented? (SCS 2)	Your observations:

14) How are relevant financial interests of all those in a position to influence CME content disclosed to the learners ? (SCS 6)	Your observations:
Would more information on C7 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N	Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure independence from commercial influence, disclosure is made to the provider, identified COI are resolved and documented, and that disclosure is made to the learners for all those in a position to influence content?

Criterion 8: The provider appropriately uses commercial support. (Note: Please read Standards for Commercial Support 3.)

15) What procedures and processes are in place to help assure that the CME program maintains control over commercial support (CS), including the management of grants received from commercial sources and how funds are disbursed? (SCS 3)	Your observations:
16) How do you assure learners are informed of commercial support received to support an activity?	Your observations:
Would more information on C8 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N	Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure compliance with SCS 3?

Criterion 9: the provider maintains a separation of promotion from education. (Note: Please read Standards for Commercial Support 4.)

17) What processes are in place to assure separation of promotion from education?	Your observations:
Would more information on C9 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N	Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure compliance with SCS 4?

Criterion 10: The provider activity promotes improvements in health care and not proprietary interests of commercial interests (SCS 5).

18) How do you help assure that CME activities are not commercially biased?	Your observations:
Would more information on the SCS 5 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N	Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure compliance with SCS 5?

PART C: EVALUATION AND IMPROVEMENT CRITERIA 11-15

NOTE: C11-15 is analogous to a Plan-Do-Study-Act (PDSA) model that uses CQI to implement rapid change, develop interventions, implement planned improvements and to continually revise and implement the PDSA cycle for improvement. The PDSA cycle as it relates to C11-15 may be thought of as follows:

C11-PLAN: Begin by analyzing changes in learner's competence, performance or patient outcomes facilitated by the CME program, using data/ information from individual CME activities.

C12-PLAN: Review the results (data/information) about your CME activities collectively to reflect on and assess your overall CME program. Using data to support your conclusions consider and describe how well the CME program is meeting each component of its CME mission, including whether it is meeting the expected results of the program, the stated CME purpose, content areas, target audience, and type of activities.

C13-PLAN: From the analysis of: 1) changes in competence, performance and/or patient outcomes resulting from your CME activities, and 2) measurement of how well the CME program is meeting each component of its CME mission, identify problems and changes needed to help your CME program meet its mission. Develop plans for implementing the identified changes needed.

C14-DO: Begin implementing planned changes to improve the CME program and completing at least some of the planned changes. (NOTE: Changes may be large (e.g., changing the organization structure of the CME program, or small (e.g., changing the activity planning guide to include the ABMS competencies.)

C15-STUDY: Assess the impact implemented changes have on the ability of your CME program to meet its CME mission.

C11-15 ACT: Based on your assessment (C 15), revise the interventions (planned and implemented changes) and repeat the PDSA cycle (C 11 through C 15) making large or small changes to improve the CME program on an ongoing basis.

C 11: The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

<p>19) (Individual activities) Again, thinking about your recent CME activity, did you evaluate the activity? Did evaluation of the activity tell you if change occurred?</p> <p>If not, how might the planning process improve enabling you to learn whether changes in knowledge, performance or patient outcome occurred for individual activities?</p>	<p>Observations:</p>
<p>20) (All activities) Does the cumulative evaluation data (from activities) tell you if changes in competence, performance or patient outcomes are occurring as a result of your educational activities?</p> <p>If the information is unavailable, what changes could be made to collect the information about your CME activities?</p>	<p>Observations:</p>
<p>Would more information or clarification on C 11 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure compliance with C11?</p>

C12: The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions. (Refer to your mission statement.)

<p>21) Does the cumulative data from activities and from other sources inform you of whether the purpose, content areas, target audience, and type of activities, as stated in your Mission Statement, are being addressed by your CME program? If not, what changes might be made so that the information is available to conduct a program based analysis?</p>	<p>Your observations:</p>
<p>Would more information or clarification on C12 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure compliance with C12?</p>

C 13: The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

<p>23) As a result of your program analysis are you able to identify needed or desired changes required for improving the ability of the CME program to meet its mission?</p> <p>If yes, what are they? If not, what changes need to be made so that the CME program is able to identify needed or desired changes to improve on ability to meet the CME mission?</p>	<p>Observations:</p>
<p>Would more information or clarification on C 12 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure compliance with C13?</p>

C14: The provider demonstrates that identified program changes or improvements, required to improve on the provider's ability to meet the CME mission, are underway or completed.

<p>24) Have you begun implementing any changes or improvements to your CME program? If yes, what are some of the changes that are underway or completed?</p>	<p>Observations:</p>
<p>Would more information or clarification on C 13 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure compliance with C14?</p>

C 15: The provider demonstrates that the impacts of program improvements, required to improve on the provider's ability to meet the CME mission, are measured.

<p>25) For any changes that have been made to improve the program, have the impacts of the changes been studied or measured? If not, how might the impact of program improvements be studied or measured?</p>	<p>Observations:</p>
<p>Would more information or clarification on C 15 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure compliance with C15?</p>

PART D: ASSESS YOUR ORGANIZATION'S ENGAGEMENT IN THE ENVIRONMENT

Reflect on the following questions about your organization's engagement with its environment and record your observations in the space provided. These questions relate to both general initiatives that your organization may have employed and initiative related to specific CME activities. (The following criteria are associated with accreditation with **commendation**. Whether seeking accreditation with commendation or not, completing this section will help you better understand your CME program, the updated criteria and will assist the MSV in designing an educational meeting for your CME program.)

C 16: The provider operates in a manner that integrates CME into the process for improving professional practice.

C 20: The provider builds bridges with other stakeholders through collaboration and cooperation

C 21: The provider participates within an institutional or system framework for quality improvement.

C 22: The provider is positioned to influence the scope and content of activities/educational interventions.

NOTE: A program meeting C 16, 20-22 is engaged in the hospital or health care system initiatives for improving the quality of care through collaboration with other stakeholders in the hospital or health care system, and it implements activities/educational interventions to improve professional performance including patient safety and health care quality improvement.

26) Does your program planning process encourage cooperation or collaboration with other initiatives (taking place inside the hospital) that relate to the topic of your CME activities?	Observations:
27) If your CME program or planning process does not encourage cooperation with other ongoing initiatives that are related to the content/topics of your CME activity(s), how might you encourage collaboration with other stakeholders on healthcare improvement efforts?	Observations:
28) Reflecting on your responses to this self assessment exercise, to what extent is the CME program integrated into the process for improving professional practice? For example, does the CME program have access to hospital data to help identify problems or is it called upon to help address healthcare quality issues?	Observations:
29) Reflecting on your responses to this self assessment exercise, to what extent is your CME program positioned to influence the scope and content of activities/educational interventions? Does your CME program control the development of CME activities from inception of the idea for the CME activities to its evaluation?	Observations:
Would more information or clarification on C16/C22 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N	Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure compliance with C16, C20-22?

C 17: The provider utilizes non-educational strategies to enhance change as an adjunct to its activities/educational interventions.

30) Has your organization used any non educational strategies to complement its educational efforts (e.g., sending reminders about techniques or information discussed at a CME activity, patient surveys, a physician "report card")? If not, can you identify any non-educational strategies that could be implemented to enhance physician change and/or improve patient care?	Observations:
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<p>31) When planning a CME activity, does your planning process prompt you to consider potential non-educational strategies, that might already be occurring in the hospital or that could be implemented to support the change your CME program is promoting? If not, how might non educational strategies that could complement your CME activity be identified and incorporated?</p>	<p>Observations:</p>
<p>Would more information or clarification on C 17 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure compliance with C17?</p>

C 18: The provider identifies factors outside the provider's control that impact on patient outcomes.

C 19: The provider implements educational strategies to remove, overcome or address barriers to physician change.

<p>32) Does your program planning process encourage the identification of factors outside of your control that are impacting patient outcomes?</p>	<p>Observations:</p>
<p>33) Does your program planning process encourage you to consider barriers that physicians may encounter when trying to make the change your CME activity is designed to promote? If yes, do you incorporate into the CME activity a discussion of these barriers and strategies to remove, overcome, or address the barriers? Do you implement other strategies to help physicians remove, overcome or address the barriers?</p>	<p>Observations:</p>
<p>34) If your planning process does not prompt you to consider barriers physicians may encounter, where in your planning process could you consider identifying possible barriers?</p>	<p>Observations:</p>
<p>Would more information or clarification on C18/C19 be helpful? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Need for Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Uncertain If yes or uncertain, what changes might help ensure compliance with C118-19?</p>

SUMMARY OF YOUR CME PROGRAM SELF ASSESSMENT

Mission	C1: Does the mission statement include:	Yes	No	Un-certain	Area for improvement?
C 1	Purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Target Audience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type of activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Expected results as changes in competence, performance and/or patient outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and Implementation of CME C2-6	C2: Are healthcare problems/gaps identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are identified problems/gaps relevant to own learners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is need for knowledge, competence, and/or performance identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C3: Are activities designed to change competency, performance, and/or patient outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C4: Does CME content match your learner's scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C5: Is the learning format appropriate to meeting the CME activity objective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C6: Does CME content address physician competencies (e.g., IOM, ABMS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standards for Commercial Support C7-10	C7: Is there compliance with:				
	SCS 1- Independence in planning, developing, and implementing activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SCS 2- Resolution of personal conflict of interests for all involved in CME activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SCS 6- Disclosure to audience for all involved in CME activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C8: Is there compliance with SCS 3 - management of commercial support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C9: Is there compliance with SCS 9 – separation of promotion from education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C10: Is there compliance with SCS 5 – CME promotes improvements, not proprietary interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation and Improvement	C11: Were changes identified in learner's competence, performance or patient outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C12: Was there an analysis to determine whether the CME mission was met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C13: Were plans for improvement made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C14: Were improvement plans implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C15: Were planned improvements studied for effectiveness in meeting the mission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accreditation With Commendation	C16: Is the CME program integrated into a process for improving practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C17: Are non educational strategies utilized to enhance change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C18: Are factors outside the provider's control that impact on patient outcomes identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C19: Are educational strategies implemented to remove, overcome or address barriers to change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C20: Are there collaborative initiatives with other stakeholders interested in improving healthcare/?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C21: Does the CME program work with the hospital system for quality improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C22: Does the CME program have influence over the scope and content of CME activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>