

SELF STUDY FOR INITIAL ACCREDITATION



MSVSM

MEDICAL SOCIETY OF VIRGINIA

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Richmond, Virginia 23294
(804) 377-1040

Please read the entire initial self study form before entering your responses.

SELF STUDY FOR INITIAL ACCREDITATION

CONDUCTING YOUR SELF STUDY

The self study provides an opportunity for an accredited provider to reflect on its program of CME. The process is intended to help the organization recognize its strengths and challenges and to identify changes for improvement.

As an initial applicant for accreditation, your organization is expected to provide information and evidence to show compliance with accreditation **Criteria 1-3 and 7-12**. The initial accreditation decision will be based on compliance with those **Criteria**. Providers seeking initial accreditation also may choose to submit information and documentation to show compliance with **Criteria 4-6** and **Criteria 13-15**, the additional criteria required for full accreditation *following an initial accreditation term*. Additional Criteria 16-22, required for accreditation with commendation, may also be addressed by an initial applicant. Comments will be provided by the MSV regarding Criteria 4-6, 13-15 and 16-22, but will not affect an initial accreditation decision. Provisional accreditation is for two years and may be extended one time for one to two years.

SOURCES OF DATA REVIEWED FOR AN ACCREDITATION SURVEY

Data or information collected for an accreditation survey is generated from the following three sources:

1. **The self study report:** Providers are expected to describe their practices and to provide verification in the self study report. The form includes the following:

- **[Narrative]**

Indicates the MSV expects a *written narrative* that **describes** your practice(s).

- **Insert or Include**

Indicates the MSV expects documentation or materials that provide verification of the described practices to be inserted in the self study report. **Unless otherwise noted, the MSV expects to see actual *completed* documents, not blank forms or blank templates.**

2. **Performance in Practice Review:** Providers are expected to demonstrate and verify that their CME activities meet MSV's accreditation Criteria through the documentation review process. This review is based on the MSV's accreditation Criteria and is facilitated by the provider's use of labels (provided by the MSV after submission of the Initial Self Study Report) on activity materials.

Initial applicants for accreditation must identify **at least two** completed CME activities that have been planned, implemented and evaluated within the **24 month** period prior to the initial accreditation survey. In addition to documentation review, for initial accreditation, an activity must be reviewed prior to accreditation. The CME activity may be in any format, allowing observation by the survey team.

Data verifying that a provider meets accreditation criteria *in practice* includes:

- documents used in the planning and implementation of individual CME activities, groups of activities or multi intervention CME activities¹
- materials used in the administration of the CME Program² and

¹ The updated criteria offer more flexibility in how the provider perceives its educational *activities*. For example, to verify its practices, the provider may include documentation of **individual CME activities**, in the traditional sense of a single intervention. It may also include documentation for **a related series of activities** linked together by a common objective or purpose, or it may include documentation for related **multiple interventions** linked together by a common goal or overall objective to close gaps in knowledge, competence, performance and/or patient outcomes. Multiple interventions might include, for example, selected pre readings in peer reviewed journals, on-line searching, a live educational activity, hands-on skills workshops, group discussions and follow-up electronic reminders.

² The administration of the CME program may create evidence that is applicable to some or all of its CME activities. For example, a provider may hold a strategic planning retreat and identify one or more problems/practice gaps which all CME activities may be intended to resolve. If strategic planning sessions are held, documents, such as meeting notes, should be included with the Self Study. See Section 1, H and I.

- data and analysis generated from monitoring regularly scheduled series (RSS), if provided, for compliance with accreditation Criteria, including the Standards for Commercial Support.³

Materials submitted to the MSV **must not** include individually identifiable health information.

3. **The Interview:** Organizations have the opportunity to further describe the practices presented in the self study report and in activity files, and provide clarification, as needed. In conversations with the MSV survey team, an organization may illuminate its practices in a more explicit manner. The survey team may request that a provider submit additional materials based on this dialogue to verify the provider's practice.

INSTRUCTION FOR ORGANIZING THE SELF STUDY REPORT

Sections of the Self Study

The self study report must be organized using divider tabs to separate the content of the report in the eight sections listed below and in additional index tabs to identify documents inserted in Section 8, Documents. The dividers tabs may be preprinted, typed, or hand written. (Index tabs should include the numbers and sections indicated below in **bold** print. The words not in bold, such as "Purpose & Mission," "Educational Planning," or "Educational Planning & SCS," are not required to be included on the index tabs.)

1. **Prologue**
2. **C 1** - Purpose and Mission
3. **C2-3** - Educational Planning (Initial applicant may choose to also address **C4-C6**)
4. **C 7-10: SCS 1- 6** - Educational Planning & SCS
5. **RSS-** Monitoring for Compliance
6. **C 11-12** - Evaluation & Improvement (Initial applicant may choose to also address **C 13-15** and **C 16-22**)
7. **Documents** – (Behind the Documents tab, include the following tabs: **1A, 4A, 4D, 4G, 4H, 4K, 4P, 5B, 5F, 6A** and **7C.**)

Format Requirements

1. Your completed self-study report should **include all pages of this document.**
2. Type your narratives in a font different from the Arial font used in the self study form and/or complete all sections in bold or in blue ink.
3. Include the following completed forms behind the "Introduction" Tab:
 - a) Demographic Information Form
 - b) Summary of CME Activities
 - c) List of Regularly Scheduled Series
 - d) CME Activity List

NOTE: The CME Activity List form is available at the MSV CME website as an excel file: http://www.msv.org/MainMenuCategories/ProfessionalDevelopment/CMEAccreditation/MSVAccreditationFormsandInstructions6211/3_03_08_Activity_List_Table.xls.aspx
4. Unless otherwise instructed to insert as the next page, in the last section (**Section 8**) insert documentation/attachments behind the page entitled: "Section 8–Documents-Table of Contents."

³ MSV defines a course as a "regularly scheduled series" when it is planned 1) to have a series with multiple sessions, that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly), and 3) are primarily planned by and presented to the accredited organization's professional staff. Examples of activities that are planned and presented as regularly scheduled sessions are Grand Rounds, Tumor Boards and M & M Conferences. Providers that furnish these types of activities **must describe and verify that they have a system in place to monitor the compliance of their RSSs with the Updated Criteria (including the Standards for Commercial Support) and Accreditation Policies.**

5. Place "Section 8-Documents-Table of Contents" as the first page after tab 8.
6. Place the self-study report and all the attachments in a **two-inch maximum** (ring diameter), three-ring binder or some other mechanism of binding.
7. When the binder has been assembled, **consecutively number** each page of the binder beginning with the introduction.
8. Submit **three** copies to the MSV **six to eight weeks before your scheduled survey**. (The MSV will retain a copy for its files and upon request from the ACCME, a copy will be sent to the ACCME for review.) Be sure to keep a separate copy for your use during the interview.
9. All state medical society accreditation programs are required by the ACCME to maintain at least one activity file provided by each of its accredited providers. At the survey, please have a copy of the documentation for one activity file reviewed available for the MSV to retain.

INITIAL ACCREDITATION TIMELINE

The MSV accreditation process requires six to eight weeks between the submission of your self study report and the scheduled date for a site survey. The Intrastate Accreditation Committee (IAC) generally meets annually in January and in June, or within three months of the time an accreditation survey occurs. Providers will be notified of an accreditation decision within approximately two weeks from the time the IAC meets.

Failure to adhere to the submission requirements will result in the return of your self study report for corrections, at the provider's expenses. The self study report must be shipped via a method that has a reliable electronic, web-enabled tracking system to:

Medical Society of Virginia
c/o Pam Mazmanian
2924 Emerywood Parkway, Suite 300
Richmond, VA 23294

(Please read the entire initial self study form before entering your responses.)

Section 1: Administration of the CME Program (MSV Policy)

The provider must:

- Have an organizational framework for the CME unit that provides the necessary resources to support the CME mission
- Have an organizational structure for the CME program and its administration, designating an entity responsible for CME and delineating its authority.
- Define individuals involved in the CME program and their function in the planning process.
- Have written policies and procedures for the CME program, including position descriptions.
- Define a budget for the overall CME program and its major components.

A. Self Study Report Prologue **[Narrative]**

1. Provide a brief history of your CME Program.
2. Describe the leadership and organizational structure of your CME Program. Identify how and by whom decisions regarding the CME program are made. For example, who is responsible for the leadership of the CME program? Who is responsible for the day to day management of the CME program? Who is responsible for planning CME activities? How are decisions made?
3. Below, or as the next page, show the leadership and organization structure of your CME program in an organizational chart.)



INSERT in Section 8 behind index tab 1A the Table of Contents of your CME polices and procedures. (The table of contents should include CME position descriptions.)

- B. If your organization does not plan **RSSs**, check here:
- C. Provide your demographic Information **(Complete Table A)**
- D. Provide a summary of your CME activities **(Complete Table B)**

Table A: Demographic Information

Name of Organization	
<input type="checkbox"/> Check if Initial Applicant	

Chief executive officer of the organization:	
Name:	
Title:	
Address:	
Telephone number: () -	Fax number: () -
e-mail address:	

Primary Contact person for the CME program:	
Name:	
Signature:	Date:
Title:	
Address:	
Telephone number: () -	Fax number: () -
e-mail address:	

Please provide the following information about your CME program:	
# of staff:	# of courtesy staff:
# of physicians in target population:	# of physician participants in CME activities:
If applicable, affiliate organizations in CME program:*	
*The hospital or other organizational members that are part of your CME program.	



Section 2: Purpose and Mission (Criterion 1)

C.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 result) with the expected results articulated in terms of changes in competence, performance or patient outcomes that will be the result of the program.

- A. **Include** your mission statement below or insert as the next page. **Highlight** and **Label** each required component as: **(1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program.**

Note: It is important that the Mission Statement identifies the expected results of your CME program in terms of changes in competence, performance, and/or patient outcomes). (C1)

- B. Referring to your mission statement, what are the expected results of your CME program?

- C. Check all that apply. The expected results of the CME program are changes in:

- Changes in competence
 Changes in performance
 Changes in patient outcomes

Section 3: Educational Planning (Criteria 2-6)

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

C.3. The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

OPTIONAL for Initial Applicants:

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

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

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

- A. Describe the components of your program planning process as they were **specifically** applied to **two** CME activities.

#1: TITLE:	DATE:	TYPE: (See table B for Types)
1. (C2) What source(s) was consulted or used to identify the problems or gap in professional practice that was the subject/content of the CME activity/intervention?		
2. (C2) What was the problem or gap in professional practice that was the subject/content of the CME activity?		
3. (C2) (Underlying identified problems/gaps in practice is a learning need for a change in knowledge, attitudes, competence and/or performance.) How was the educational need (for change in knowledge, attitudes, competence and/or performance) that CME activity/intervention address decided?		
4. (C3) What specific change(s) in physicians' knowledge, competence or performance or in patient care was the CME activity designed to achieve?		

*Defined as the level of medical responsibility and/or health services a practitioner is legally authorized to offer to the public.

Optional for Initial Applicants C 4-6

5. (C4) How did the CME program determine the individuals or groups of individuals for whom this activity would likely be relevant?
6. (C5) How did the CME program determine the educational formats⁴ to be used for this CME activity?
7. (C6) How was the CME activity/intervention developed to address desirable physician attributes (e.g., ABMS competencies in medical knowledge, patient care, interpersonal and communication skills, practice based learning, professionalism and systems-based practice)?

#2: TITLE:	DATE:	TYPE: (See table B for Types)
1. (C2) What source(s) was consulted or used to identify the problems or gap in professional practice that was the subject/content of the CME activity?		
2. (C2) What was the problem or gap in professional practice that was the subject/content of the CME activity?		
3. (C2) (Underlying identified problems/gaps in practice is a learning need for a change in knowledge, attitudes, competence and/or performance.) How was the educational need (for change in knowledge, attitudes, competence and/or performance) that the CME activity/intervention addressed decided?		
4. (C3) What specific change(s) in physicians' knowledge, competence or performance or in patient care was the CME activity designed to achieve?		

Optional for Initial Applicants C 4-6

5. (C4) How did the CME program determine the individuals or groups of individuals for whom this activity would likely be relevant?
6. (C5) How did the CME program determine the educational formats⁵ to be used for this CME activity?
7. (C6) How was the CME activity/intervention developed to address desirable physician attributes (e.g., ABMS competencies in medical knowledge, patient care, interpersonal and communication skills, practice based learning, professionalism and systems-based practice)?

⁴ Format refers to the educational methods used by the provider to achieve the objectives/desired results of the activity/educational intervention s. Examples of educational methods include: readings, lectures, discussion, reflection on experience, feedback on performance, small group learning, team-based learning, learning projects, role-play, simulation, or standardized patients. (For more information, see Kern D, Thomas P, Hughes M. Curriculum Development for Medical Education, A Six-Step Approach. John Hopkins University Press, Baltimore, 2009, or Davis DA, Barnes BA and Fox RD. The Continuing Professional Development of Physicians. AMA Press. Chicago 2003)

⁵ Format refers to the educational methods used by the provider to achieve the objectives/desired results of the activity/educational intervention s. Examples of educational methods include: readings, lectures, discussion, reflection on experience, feedback on performance, small group learning, team-based learning, learning projects, role-play, simulation, or standardized patients. (For more information, see Kern D, Thomas P, Hughes M. Curriculum Development for Medical Education, A Six-Step Approach. John Hopkins University Press, Baltimore, 2009, or Davis DA, Barnes BA and Fox RD. The Continuing Professional Development of Physicians. AMA Press. Chicago 2003)

Section 4: Educational Planning (Criteria 7-10 Standards for Commercial Support)

- C7** - The provider develops activities/educational interventions independent of commercial interests (SCS 1,2, and 6).
- C8** – The provider appropriately manages commercial support (if applicable, SCS 3)
- C9** – The provider maintains separation of promotion from education (SCS 4).
- C10** –The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest. (SCS 5)

A. **Describe** the mechanism(s) your organization uses to ensure that everyone in a position to control educational content (e.g., speakers, planners) has disclosed to the CME unit relevant financial relationships with commercial interests (SCS 2.1). **[Narrative]**



If there are forms or other mechanisms used for all those with control over content to disclose conflicts of interest **to the CME unit, INSERT in Section 8, behind index tab 4A.**

C. **Describe** your organization’s mechanism(s) for disqualifying individuals who refuse to disclose (SCS 2.2). **[Narrative]**

D. **Describe** how your organization resolves relevant conflicts of interests of individuals with control over content (e.g., speakers, planners) to prevent commercial influence in learning activities/ educational interventions (SCS 2.3). **[Narrative]**



If documentation is available on how a Conflict of Interest (COI) was resolved or documentation of a mechanism used to prevent a relevant conflict of interest from influencing the content of CME activities, **INSERT in section 8, behind index tab 4D.**

NOTE: If your organization accepts commercial support, respond to E., F. and G. If not, go to H. and check the following:

E. During the current accreditation term, have there been occasions when decisions regarding the disposition and disbursement of commercial support, were not made by the provider? For example, direct payment from a commercial interest was paid directly to a speaker (SCS 3.1, 3.3).

- Yes No

If yes, please explain:

F. During the current accreditation term, have there been any occasions when a commercial supporter suggested speakers, participants or content (SCS 3.2)?


- Yes No

If yes, please explain:



G. If commercial support is received, **INSERT in Section 8, behind index tab 4G,** a completed copy of a letter of agreement with a commercial source (SCS 3.4, 3.5, 3.6).

NOTE: Whether your organization does or does not accept commercial support, respond to the following:

 H. **In section 8 INSERT, behind index tab 4H,** your written policies and procedures on Commercial Support of CME.

Do your policies:

1. Address the governing of honoraria and out of pocket expenses for planners, teachers and authors (SCS 3.7)?

Yes No If no, please explain:

If yes, **Highlight and mark as SCS 3.7** where your policies address SCS 3.7.

2. State that honorarium and expenses must be made in compliance with the provider's written policies and procedures (SCS 3.8)?

Yes No If no, please explain:

If yes, **Highlight and mark as SCS 3.8** where your policies address SCS 3.8.

3. Indicate that no other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsors or any others involved with the supported activity (SCS 3.9)?

Yes No If no, please explain:

If yes, **Highlight and mark as SCS 3.9** where your policies address SCS 3.9.

4. State that expenses of teachers and authors who also participate in educational activities as learners may only be reimbursed for their expenses and honorarium for their teacher or author role only (SCS 3.10)?

Yes No If no, please explain:

If yes, **Highlight and mark as SCS 3.10** where your policies address SCS 3.10.

5. State that commercial support may not be used to pay travel, lodging, honoraria, or personal expenses for non-teachers or non-authors participants in CME activities (SCS 3.12)?

Yes No If no, please explain your process:

If yes, **Highlight and mark as SCS 3.12** where your policies address SCS 3.12.

J. **Describe** how you assure social events or meals at CME activities do not compete with or take precedence over the educational event (SCS 3.11)? **[Narrative]**



K. **In section 8 INSERT, behind index tab 4K**, include an income and expenses statement for a CME activity itemizing the receipt of all sources of income and expenses. If your organization accepts commercial support, the example **must** itemize the receipt and expenditure of commercial support (SCS 3.13).

L. If your organization does not organize commercial exhibits in association with CME activities, check here:

If your organization arranges for commercial exhibits in association with CME activities, **describe** how you ensure that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentations, and (2) are not a condition of the provision of commercial support for CME activities (SCS 4.1). **[Narrative]**

M. If your organization does not arrange for advertisements in association with any of your CME activities, check here:

If your organization arranges for advertisements in association with any of your CME activities, **describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities that the CME program provides: 1) print materials, 2) computer-based materials, 3) audio and video recordings, and 4) face-to-face (SCS 4.2, 4.4). **[Narrative]**

N. **Describe** how you assure educational material that are part of the CME activity, such as slides, abstracts and handouts do not contain any advertising, trade names or a product group message (SCS 4.3)? **[Narrative]**

O. **Describe** the planning and monitoring your organization uses to ascertain that:

1. The content of CME activities does not promote the proprietary interests of any commercial interests (5.1) (i.e., there is no commercial bias.)
2. CME activities give a balanced view of therapeutic options (SCS 5.2).
3. The content of CME activities is in compliance with the ACCME/MSV content validity statements⁶. **[Narrative]**

P. **Describe** your organization's processes and mechanisms for disclosure to the learners prior to an activity: (1) relevant financial relationships of all persons in a position to control educational content, or that none exist (e.g., speakers, program planners); and (2) the source of support from commercial interests, if applicable. Include "in kind" support, if applicable (SCS 6.1-6.5). **[Narrative]**

⁶ Content Validation Statement: All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.



In section 8 INSERT, behind index tab 4P, the following for one activity: (If your CME program accepts commercial support, the example **must** be for an activity in which commercial support was received.)

1. The name, date, and type of activity.
2. The names of individuals and their involvement in the CME activity (e.g., Dr. Jones, program planner) of **all those** in a position to control content and the list of all sources of all commercial support received.
3. Documentation that disclosure of relevant financial relationships with commercial interests, or that none exist, for all those in a position to control content was disclosed **to the audience** prior to the activity.
4. If received, documentation that the source(s) of commercial support was disclosed to the audience prior to presentation of the activity.

Section 5: Monitoring RSS for Compliance and Record Retention (Policies)

Monitoring RSS: Providers that produce regularly scheduled series (RSS) are responsible for assuring regularly scheduled series are planned and implemented in compliance with accreditation policies and Criteria 2-11. Generally, referred to as a monitoring system, the method(s) used: a) must allow the provider to assess the extent to which its RSSs meet accreditation policies and criteria; and (b) must also produce evidence (e.g., reports, checklists, documents, etc.) used in monitoring RSSs compliance.

Record Retention: The provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity.

Do you provide Regularly Scheduled Series (RSS)? Yes No

If yes please complete A., B., and C below.

For more information, please see the document, “Monitoring Regularly Scheduled Series” at

http://www.msv.org/MainMenuCategories/ProfessionalDevelopment/CMEAccreditation/AccreditationandCMEResources6209/5_02_08_Monitoring_RSS.pdf.aspx

- A. Identify the method(s) your CME program uses to determine whether Regularly Scheduled Series are complying with the Updated Accreditation Criteria in program planning and in implementation.
- B. Describe the **evidence or information** your CME program reviews and uses to determine whether your regularly scheduled series comply with the Updated Criteria. Examples might include reports, RSS program planning meeting notes, planning guides, evaluation summaries, disclosures, program announcements, checklists, etc. **[Narrative]**



In section 8 INSERT, behind index tab 5B, examples of the types of evidence collected by the CME program to monitor the compliance of a regularly scheduled series for compliance with the Updated Criteria.

- C. When information indicates a RSS is not complying with accreditation standards, what does the CME program do? **[Narrative]**
- D. Describe your mechanism to record and when authorized by a participating physician to verify participation. **[Narrative]**



- F. **In Section 8 INSERT, behind index tab 5F,** an example of the information or report your CME program produces to record and verify a physician’s CME participation.

Section 6. Evaluation and Improvement (Criteria 11-15)

C11: The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

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.

OPTIONAL for Initial Applicants:

C13: 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.

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

C15: The provider demonstrates that identified program changes or improvements that are required to improve on the provider's ability to meet the CME mission are measured.

PART 1: Accreditation Self Study analysis and improvement



- A. **In Section 8 INSERT, behind index tab 6A, summary evaluation** data or information on the changes your educational activities/interventions achieved in learners' competence, performance, and/or patient outcomes as a result of your CME activities/educational interventions (C11).
- B. **Describe** the conclusions you drew from analyzing the summary data (6A) and, if available, any other relevant information on the outcomes of your CME activities. Identify the changes in competence, performance, and/or in patient outcomes that were achieved (C11). **[Narrative]**
- C. Looking again at your mission statement, did the CME program achieve its **expected results**? Why or why not (C12)? **[Narrative]**
- D. Complete the following regarding other components of your mission (C12). **[Narrative]**
 1. Is the CME program reaching the **target audience** (identified in the mission)? Why or why not?
 2. Is the CME program addressing the **content areas** (outlined in the mission)? Why or why not?
 3. Is the CME program producing the **types of activities** (stated in the mission)? Why or why not?
 4. Is the CME program addressing its **stated purpose** (included in the mission)? Why or why not?

Answering E through I is OPTIONAL for Initial Applicants (C 13-15)

- E. In completing your Self Study and reflecting on your CME program (A-D above), describe what you have identified as needed or desired changes required to improve the ability of the CME program to achieve its mission (C13). **[Narrative]**

PART 2: Continuous program analysis and Improvement

- F. Not considering the current analysis conducted as part of your self study (A-E above), has the CME program conduct other assessments of the CME program?

Yes No

- G. If needed or desired changes were *identified* to improve the CME program, please describe (C13): **[Narrative]**
(If not, check here:)

- H. If needed or desired changes required to improve the CME program were *implemented* or are *ongoing*, please describe (C14)? **[Narrative]**
(If not, check here:)

- I. Have changes made to improve the CME program been measured to determine whether they achieved the intended results? Yes No

If yes, answer 1 and 2 below

1. Please describe the changes that have been measured, and your findings regarding the impact of those changes on the CME program. (C15) **[Narrative]**
2. If other changes are being planned to improve the CME program, please describe the changes being planned and the expected results or impact on the CME program.
(C13-15). **[Narrative]**

If not, please check here:

NOTE: For continued accreditation, the information submitted to address C 16-22 is used to determine eligibility for accreditation with commendation. For initial applicants the only accreditation decision is provisional accreditation or non accreditation. As an initial applicant you have the option of: 1) skipping to section 8, Documents, or 2) completing this section to highlight aspects of your CME program that may not have been addressed in other sections of your Initial Self Study Report.

Section 7: Engagement with the Environment (Criteria 16-22)

C16: The provider operates in a manner that integrates CME into the process for improving professional practice.

C20: The provider builds bridges with other stakeholders through collaboration and cooperation.

C21: The provider participates within an institutional or system framework for quality improvement

C22: The provider is positioned to influence the scope and content of activities/educational interventions.

A. If the CME program is engaged in the hospital or healthcare system initiatives for improving the quality of patient care, describe how the CME program collaborates with other stakeholders inside the hospital or healthcare system. If the CME program collaborates with other stakeholders in healthcare improvement outside the hospital or healthcare system, describe the collaboration.

(C16, C 21, C22). **[Narrative]**

B. In the tables below, please identify up to three activities that show:

- Collaboration with other stakeholders in healthcare improvement (within the hospital or health care system) (C20, C21, C22)
- Objectives to improve performance, including patient safety and/or healthcare quality (C16, C21)
- Use of data or measures of performance or patient care to identify problems/gaps in practice (C21 C22)
- Evaluation that measured changes in performance or patient outcomes (C16, C21)

Name of activity/educational intervention:
Date(s) provided/implemented:
Department/entity that provider collaborated with and/or stakeholders with whom the CME program worked:
Measures/data or sources used to identify gaps/problems:
The improvement in practice/healthcare that the activity/educational intervention was intended to facilitate:
The population of learners for whom the intervention was intended:
How the results were evaluated and what was measured?

Name of activity/educational intervention:
Date(s) provided/implemented:
Department/entity that provider collaborated with and/or stakeholders with whom the CME program worked:
Measures/data or sources used to identify gaps/problems:
The improvement in practice/healthcare that the activity/educational intervention was intended to facilitate:
The population of learners for whom the intervention was intended:
How the results were evaluated and what was measured:

Name of activity/educational intervention:
Date(s) provided/implemented:
Department/entity that provider collaborated with and/or stakeholders with whom the CME program worked:
Measures/data or sources used to identify gaps/problems:
The improvement in practice/healthcare that the activity/educational intervention was intended to facilitate:
The population of learners for whom the intervention was intended:
How the results were evaluated and what was measured:

C17: The provider utilizes non-educational strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback)

C. If non-educational strategies⁷ are used to enhance change as an adjunct to educational activities, **describe** the strategies that have been used and how they are designed to enhance change. Explain how the non-educational strategies were connected to either an individual activity or related series of activities or related to multiple interventions linked in planning by a common objective or desired outcome of activities (C17). **[Narrative]**



If documentation related to strategies used as an adjunct to educational activities is available, in section 8, **INSERT** examples behind **index tab 7C**.

C18: The provider identifies factors outside the provider’s control that impact on patient outcomes.

D. If your organization identifies factors outside of its control that have an impact on patient outcomes (which may include barriers to changes in professional practice) **describe** instances of this practice. They might be specific to the planning of a CME activity or may be considered at the overall CME program level (C18). **[Narrative]**

C19: The provider implements educational strategies to remove, overcome or address barriers to physician change.

E. If strategies have been used to remove, overcome, or address barriers to physician change and/or patient outcomes, **describe** instances of this practice. They might be specific to the planning of a CME activity or considered at the overall CME program level. **Identify** examples of strategies that have been implemented to remove, overcome or address barriers to physician change and/or to patient outcomes (C19). **[Narrative]**

⁷ “Non educational strategies” include patient feedback and reminders. Opportunities for non educational strategies to support changes in practice or healthcare outcomes might also include, for example, strategies to increase healthcare team cooperation or to increase patient education.

Section 8 – Documents – Table of Contents

DOCUMENTS

The following is a list of the documents that must be appended behind this page - Section 8. Refer back to specific questions for clarification of the item(s) needed. Documents under Section 7 must be inserted only if you are seeking accreditation with commendation.

<i>Index Tab</i>	<i>Document</i>	<i>Reference</i>
	1. PROLOGUE	
1 A	CME policies and procedures table of contents	Prologue
	4. EDUCATIONAL PLANNING (CRITERIA 7-10)	
4 A	Disclosure of COI to CME provider	SCS 2.1
4 D	Resolution of COI	SCS 2.3
4 G	Letter of Agreement with commercial supporters, if applicable	SCS 3.4-3.6
4 H	Policies and Procedures on Commercial Support	SCS 3.7-3.12
4 K	Income and Expenses Statement	SCS 3.13
4 P	Documentation of disclosure to audience	SCS 6.1-6.5
	5. ACCREDITATION POLICIES	
5 B	Documents used to monitor/assess RSS compliance	RSS
5F	Verifying and retaining physician attendance records	Rec. Retention
	6. EVALUATION AND IMPROVEMENT	
6 A	Summary evaluation data on educational activities/interventions	C 11
	7. INTEGRATION OF CME IN HEALTHCARE IMPROVEMENT INITIATIVES	
7 C optional	Examples of non educational strategies to enhance change	C 17