

Medical Society of Virginia – Activity Document Review Form

This section is to be completed by the provider and placed on top of activity documentation for each activity selected for review:

Provider Name:				Date of Survey:		
Activity Title:						
Activity Date:						
This activity is:	Directly sponsored: <input type="checkbox"/>	Jointly sponsored: <input type="checkbox"/>		Commercially supported: <input type="checkbox"/>	Not Commercially supported: <input type="checkbox"/>	
The activity format is:						
Course	<input type="checkbox"/>			Manuscript Review:	<input type="checkbox"/>	
Regularly Scheduled Series:	<input type="checkbox"/>			Learning from Teaching	<input type="checkbox"/>	
Internet Activity	<input type="checkbox"/>			Enduring Material/Internet	<input type="checkbox"/>	
Test Item Writing	<input type="checkbox"/>			Enduring Material/Other	<input type="checkbox"/>	
Committee Learning:	<input type="checkbox"/>			Journal Based CME:	<input type="checkbox"/>	
Performance Improvement:	<input type="checkbox"/>					

The following sections are to be completed by the survey team:

Reviewer(s): _____

Activity documentation verifies that...	Yes	No	No Evidence Provided	NA or Date precedes Updated Criteria	Explanation/Comments
Label #1 The provider identified a problem or gaps in healthcare or practice. (C2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label #2 From the identified practice gap/ healthcare problem, the provider identified its own learners' needs for knowledge, competence or performance. Check all that apply. (C2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Physician knowledge <input type="checkbox"/> Physician competence <input type="checkbox"/> Physician performance
Label #3 Needs were incorporated into the learning activities. (C2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Label #4 Activities were designed to change physician competence, performance or patient outcomes. (objectives) Check all that apply. (C3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Physician competence <input type="checkbox"/> Physician performance <input type="checkbox"/> Patient outcomes
Label #5 Content matched the learners' current or potential scope of professional activities. (C4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label #6 The provider chose an educational format appropriate to the setting, objectives, and desired results. (C5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label #7 The activity was developed in the context of desirable physician attributes, (e.g., IOM, ABMS identified physician competencies.) (C6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label #8 and 9 All in a position to control content disclosed relevant financial relationships to the provider. If no, specify who did not disclose and why. (C7 SCS 2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Label #10 The provider implemented a mechanism to <u>identify</u> conflicts of interest prior to activities. (C7 SCS 2.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Label #11 The provider implemented mechanisms to <u>resolve</u> conflicts of interest prior to activities. (C7 SCS 2.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No COI	
Labels #12 and 8 The provider disclosed to learners prior to activities the nature of relevant (or no) financial relationships of all persons with control of content. (C7 SCS 6.1, 6.2, 6.4, 6.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Label #16 Honoraria and reimbursement for teachers/authors were paid in compliance with provider's policies. (C8 SCS 3.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Label #18 The provider evaluated changes in competence, performance, or patient outcomes. Indicate which one(s). (C11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Physician competence <input type="checkbox"/> Physician performance <input type="checkbox"/> Patient outcomes
Was Commercial Support Received? <input type="checkbox"/> Yes <input type="checkbox"/> No (Skip this section.) If yes, complete the following section:	Yes	No	No Evidence Provided	NA or Date precedes Updated Criteria	Explanation/Comments
Labels #12 and 13 The provider disclosed to learners prior to the activity the source(s) of commercial support, including in-kind support. (C7 SCS 6.3, 6.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Labels #14 and 15 Signed written agreements were executed prior to the activity appropriately documenting terms and conditions of the commercial support for each commercial interest. (C8 SCS 3.4, 3.5, 3.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Label #17 The provider has accurate documentation detailing the receipt and expenditure of commercial support. (C8, SCS 3.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
The provider made all decision free of the control of commercial interests (SCS 1 C7) (No evidence to indicate otherwise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MSV Policies	Yes	No	No Evidence Provided	N/A	Explanation/Comments
Label #19 The provider uses the correct accreditation statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
For enduring material , all required MSV information is communicated to learners prior to the beginning of the activity, ¹ and information is reviewed at least every three years. If no, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Journal CME , ² all policy requirements are met. If not, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Internet CME , all required MSV information is communicated to the learner prior to beginning the activity. ³ If missing explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Optional Documentation for Criteria 16-22 Selected activities are not required to demonstrate the program's compliance with C16-C22 to achieve commendation.					
Does documentation for this activity verify:	Yes	No	No Evidence Provided	NA or Date precedes Updated Criteria	Explanation/Comments
Label #21 CME is integrated into a process for improving professional practice? If <u>yes</u> , explain. (C16).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label #22 Non educational strategies are used to enhance change as adjuncts to CME activities? If <u>yes</u> , explain. (C17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ At the beginning of the enduring material activity, the provider must indicate: Principal faculty and their credentials; Medium or combination of media used; Method of physician participation in the learning process; Estimated time to complete the educational activity; Dates of original release and most recent review or update; and Termination date.

² Includes: reading of an article, a stipulated learner directed phase (reflection, debate, etc about article); and completion of questions and documentation of learner participation to provider. Communications before activity include author disclosure, commercial support, if applicable, objectives, content, post test and evaluation. No advertising allowed within pages of the article, related questions or evaluation materials.

³ At the beginning of the Internet activity, the provider must indicate: Hardware/Software Requirement; Provider Contact Information; Policy on Privacy and confidentiality; and Copyright.

<p>Label #23 Factors outside the providers control that impact on patient outcomes are identified? If <u>yes</u>, explain. (C18)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Label #24 Educational strategies to remove, overcome, or address barriers to physician change are implemented? If <u>yes</u>, explain. (C19)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Label #25 The provider builds bridges with other stakeholders through collaboration and cooperation? If <u>yes</u>, explain. (C20)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Label #26 The provider participates within an institutional or system framework for quality improvement? (C21)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Label #27 The provider is positioned to influence the scope and content of activities interventions? (C22)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional explanations and comments: