

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:			
Updated Criteria:	<input type="checkbox"/> Activity was before implementation of updated criteria <input type="checkbox"/> Activity was after implementation of updated criteria		
This activity is:	Directly sponsored: <input type="checkbox"/>	Jointly sponsored: <input type="checkbox"/>	Commercially supported: <input type="checkbox"/> # of comm. supporters: _____
Name of companies supporting activity:			
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 ...	Yes	No	No Evidence Provided	NA or Date precedes UC-11/1/08	Explanation/Comments
Label #1 The activity is based on an <i>identified</i> health care problem or gap in practice (C2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label #2 The activity is designed to change knowledge, competence or performance (C3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Label #3 The activity relates to the learners' practice (C4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label #4 The selected format is appropriate to achieving the objective/desired result of the activity (C5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label #5 There is evidence that the CME activity is designed to address competencies, such as, IOM, ACGME/ABMS (C6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label #6, 7 All those in a position to control content, e.g., speakers and planners, have disclosed financial interests to the provider. (C7-2.1, 2.3) (If no, indicate who did not disclose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Label #8 How identified conflicts of interests were resolved/mitigated to not influence content prior to the activity (C7 SCS 2.3) (If no, explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label #9 Disclosure of relevant (or no) financial relationships was made to the learner prior to the activity (C7, 6.1-6.2, 6.4-6.5) (If no, explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Label #10 Data on changes in learners' knowledge, competence, performance or patient outcomes related to this activity (C 11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Knowledge <input type="checkbox"/> Patient outcomes <input type="checkbox"/> Competence <input type="checkbox"/> Performance
Label #11 Honoraria and reimbursement are paid in compliance with the provider's policies (C8, 3.8, 3.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was commercial support received? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, activity documentation verifies:	Yes	No	No Evidence Provided		

Labels #12 and 13: 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 #14: The provider presents accurate documentation detailing the receipt and expenditure of commercial support. (C8, SCS 3.13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Labels # 15 Prior to the activity, the provider disclosed to learners the source(s) of commercial support, including in-kind support (if received). (C7 SCS 6.3, 6.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MSV Policies	Yes	No	No Evidence Provided		Explanation/Comments
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. (See footnote)	<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. ² If missing explain. (See footnote)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
For Journal CME , ³ all policy requirements are met. If not, explain. (See footnote)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Optional Documentation for Criteria 16-22</u> For this activity, there is verification that:					NOTE: A provider may achieve exemplary compliance without verification that each activity demonstrates compliance with 16-22.
C 16, 20, 21, 22 The CME program is engaged in hospital or health care system initiatives for improving the quality of patient care through collaboration with other stakeholders inside the hospital or health care system, and it implements activities and educational interventions to improve professional performance including patient safety and health care quality improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C 17 The CME program facilitates desired changes in knowledge, competence or performance through other means in addition to CME activities and educational interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C 18 The CME program identifies barriers to changing learners', knowledge, competence, and/or performance that impact on patient outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C 19 The CME program implements strategies to remove barriers to changes in learners' attitudes, knowledge, competence or performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

¹At 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. (Enduring materials delivered by the internet must meet both enduring material and internet CME policies.)

² At the beginning of the Internet activity, the provider must indicate:

- Hardware/Software Requirement;
- Provider Contact Information;
- Policy on Privacy and confidentiality; and
- Copyright.

(Enduring materials delivered by the internet must meet both enduring material and internet CME policies.)

³Journal CME 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.