

SELF STUDY FOR CONTINUED ACCREDITATION



MSVSM

MEDICAL SOCIETY OF VIRGINIA

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CONDUCTING YOUR SELF STUDY

The Self Study provides an opportunity to reflect on your program of CME and assess how well it is meeting its mission, identify needed or required changes, and to plan changes for improvement (C1, 12, 13). It is also an opportunity to measure the impact program improvements made during the current accreditation term have had on the ability of your CME program to meet its mission (C14, 15). The self study addresses:

- The extent to which the CME program is meeting its mission (C1, C12)
- The extent to which, in the context of meeting its mission, the CME program:
 - Identifies problems or gaps in practice affecting healthcare (C2)
 - Identifies learner's educational needs underlying the identified healthcare problems or professional practice gaps (C2)
 - Develops educational activities/interventions with the intention of changing knowledge, attitudes, competence, performance or patient outcomes (C3)
 - Matches the content of educational activities/interventions to learners' current or potential scopes of practice (C4)
 - Considers educational formats appropriate for the setting, objectives, and desired results of its educational activities/interventions (C5)
 - Plans educational activities/interventions that coincide with the general competencies, e.g., medical knowledge, patient care, interpersonal and communication skills, practice based learning, professionalism and systems-based practice and might also address requirements for board certification, such as lifelong learning and self-assessment. (C6)
 - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the propriety interests of a commercial interest (C7-10)
 - Collects data on its educational activities/interventions and determines the impact on changing competence, performance and/or patient outcomes (C11)
 - Determines whether all components of its CME mission have been met (C12)
- The extent to which the CME program:
 - Assesses the impact implemented changes have had on the CME program (C15)
 - Provides educational activities/interventions that are integrated into a process for improving practice (C16, and C21, C22)
 - Uses educational strategies as an adjunct to its CME activities to reinforce or enhance desired changes (C17)
 - Identifies factors outside its control that impact on changes in practice and/or patient outcomes (C18)
 - Implements strategies to remove, overcome or address barriers to physician change and/or patient outcomes (C19)
 - Collaborates and cooperates with other stakeholders in healthcare quality improvement inside and outside the hospital/healthcare system (C20)
 - Participates within a framework for quality improvement (C16, C 21, C22)
 - Is positioned to influence the scope and content of activities/educational interventions. (C22, C16-21)¹

SOURCES OF DATA REVIEWED FOR AN ACCREDITATION SURVEY

¹ An CME provider that meets Criteria 16-22 is integrated into other systems (beyond the CME program itself) such as hospital initiatives for improving professional practice; goes beyond the provision of *AMA/PRA Category 1 CME™*; collaborates with other stakeholders in healthcare improvement (inside the organization and may also collaborate with stakeholders outside the hospital or healthcare organization); and demonstrates involvement in continuous quality improvement to remove, overcome or address barriers to improving healthcare.

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:

- **[Write a 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 Updated Criteria through the documentation review process. This review is based on the MSV's Updated Criteria and is facilitated by the provider's use of labels (provided by the MSV) on activity materials.

For **reaccreditation**, the MSV will select up to 8 activities, that your organization will be expected to present to the MSV for review. (Following submission of your Self Study, through email, providers will receive notification of the activities files the survey team will review during the survey. The self study should be submitted 6 to 8 weeks prior to the scheduled site survey.)

For organizations seeking **initial** accreditation, the provider will 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 of any format that will entail surveyor observation.

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 activities²
- materials used in the administration of the CME Program³ and
- data and analysis generated from monitoring of regularly scheduled series (RSS)⁴

3. **The Interview:** The interview presents an opportunity to describe and provide clarification, as needed, on aspects of practice described and verified in the self study report or in activity files.

² 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 **groups of activities** linked together by a common objective or purpose, or it may include documentation for **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.

³ 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.

⁴ A provider that produces Regularly Scheduled Series (RSS) must ensure that its program of RSSs contributes to fulfilling the provider's mission and fulfills MSV accreditation requirements. A provider's system of monitoring its RSSs will produce information about compliance with C2-C11. That information will be integrated into the provider's self assessment (C12). The provider's conclusion about its compliance, and its improvement plans, will be reported as part of Criteria 13, 14, and 15. Based on its RSS monitoring data, a provider might determine that an RSS activity has met the Criteria. If a series or session did not meet one or more Criteria the provider should identify the problem (C13), implement improvements (C14) and measure the impact of the implemented improvements (C 15).

Through dialogue 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 a provider's practice.

Continued Accreditation Timeline

Accredited providers will receive information on continued accreditation approximately twelve months before their accreditation expiration date. The MSV accreditation process requires six to eight weeks between the submission of your Self Study 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.

INSTRUCTIONS FOR ORGANIZING THE SELF STUDY REPORT

(Before you begin completing the self study,
please read this entire form.)

The self study report must be organized in the sections listed below. Each section must be included behind a tab labeled with the title of the section. The index dividers (labels) may be preprinted, typed, or hand written.

Sections of the Self Study (Your index dividers should include the numbers and sections indicated below in **bold** print. (You are not required to include the words not in bold, such as "Purpose & Mission," "Educational Planning," or "Educational Planning & SCS.")

1. **Introduction**
2. **(Criteria 1)** - Purpose and Mission
3. **(Criteria 2-6)** - Educational Planning
4. **(Criteria 7-10: SCS 1, 2, 3, 4, 5, 6)** - Educational Planning & SCS
5. **RSS Monitoring** - Monitoring Regularly Scheduled Series (RSS)
6. **(Criteria 11-15)** - Evaluation & Improvement
7. **(Criteria 16-22)** - Engagement with the Environment
8. **Documents**

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.
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 as an excel file at MSV.org, under the tab "Advance My Professional Development," "CME Intrastate Accreditation" and listed under "MSV Accreditation Forms and Instructions."
3. Unless otherwise instructed to insert as the next page, in the last section (Section 8) insert documentation/attachments behind the page entitled: "Section 8–Documentation-Table of Contents."
4. Place the "Section 8-Documents-Table of Contents" as the first page after tab 8 and insert the page number where each document can be found.
5. 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, e.g., tape-binding.
6. When the binder has been assembled, **consecutively number** each page in the binder including the attachments. *If the report is not numbered, it will not be accepted and will be returned at your organization's expense.*
7. Submit **four** 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.
8. All state medical society accreditation programs are required to maintain at least one complete activity file provided by each of its accredited providers. At the survey, please have a copy of one complete activity file available for the MSV to retain.

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**

1. Introduction

A. Self Study Report Prologue [Write a Narrative]

1. Provide a brief history of your CME Program.
2. **Describe** the leadership and 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? How does the CME unit assure activities are planned and implemented in compliance with accreditation policies and criteria?)

(Include names and CME positions.)



Insert the Table of Contents of your CME policies and procedures. (The table of contents should include page numbers for your CME position descriptions.)

(In section 8 INSERT - Label as Doc1 A)

B. **Describe** the information resources available to the physicians served by your CME program. [Write a Narrative]

C. If your organization does not plan **RSS***, check here:

Definition - Regularly Scheduled Series (RSS): A RSS is composed of daily, weekly, monthly, or quarterly presented educational meetings (each meeting is one session of the RSS). The full series and individual sessions are primarily **planned by and presented to** the accredited provider's professional staff. Examples of RSSs include medical grand rounds, and regularly scheduled departmental educational sessions. Frequently, the department for whom the series is primarily intended completes a program planning guide, or holds a meeting with recorded minutes, or does both to plan one series of an RSS (such as for a one or two year period). General topics, potential speakers and the expected results of the series in terms of changes in competence, behaviors or patient outcomes are identified. In addition, expected outcomes may include changes in knowledge. Subsequently, each session of the series is planned within that general framework, with identification of the topic, speaker, and objective.

Providers that produce regularly scheduled series (RSS) must implement a monitoring system. Please see the document, "Monitoring Regularly Scheduled Series" at MSV.org, under "Enhance my Professional Development," "CME Intrastate Accreditation" and "CME Resources."

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

D. Provide your demographic Information **(Complete Table A)**

E. Provide a summary of your CME activities for the current accreditation term **(Complete Table B)**

F. In chronological order, according to the date each series began, list each regularly scheduled series (RSS) your organization provided during the current accreditation period **(Complete Table C)**

G. Using the Excel form, insert a list of your CME activities. Do not include regularly scheduled series (RSS). (RSS's should be listed on table C.)



(The CME Activity List form is available as an excel file at MSV.org, under the tab “Advance My Professional Development”, “CME Intrastate Accreditation” and listed under “MSV Accreditation Forms and Instructions.”

(INSERT at the END OF THIS SECTION 1 as Table D)

(Refer to footnote 3 for H and I.)

- H. Describe your organization’s change process for incorporating the Updated Accreditation Criteria. Include a timeline or dates to help describe the process. **[Write a Narrative]**



- I. If you have documentation of the initiatives of your organization’s change process for incorporating the Updated Accreditation Criteria, such as meeting notes, plans, summarized data, etc., insert the documentation. **(In section 8 INSERT - Label as Doc 1!)**

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 included in your CME program.			

Table B: Summary of Continuing Medical Education Activities

The summarized data in this table should reflect the activities your program has offered, as defined below. A copy of this **Summary and List of CME Activities** must be included in the Self Study Report behind the tab “Introduction.” The Excel form for listing CME activities, “CME Activity Table” can be found under *Accreditation Forms and Instruction* on the MSV website www.MSV.org, under “Advance My Professional Development” and “Intrastate CME Accreditation.” Following submission of your Self Study, you will be informed of the activities that the MSV will review. (Please submit your self study at least 6 to 8 weeks in advance of the survey date.)


For **INITIAL** applicants, this summary should include data for at least two completed CME activities that have been planned, implemented, and evaluated within the 24-month period prior to the initial accreditation interview.

For **REACCREDITATION** applicants, this summary should include data for all of the CME activities offered **during your current accreditation term.**

Please provide the following information about your CME activities, indicating N/A if information is not applicable to your organization.	Number of			
	Type of activity	Activities	Hours of Instruction	Physician Participants
Directly sponsored				
Live				
Courses				
Regularly scheduled series (count each series as 1)				
Internet Activity-Live				
Test Item Writing				
Committee Learning				
Performance Improvement				
Internet Searching and Learning				
Manuscript Review				
Learning from Teaching				
Enduring Materials				
Internet Activity-Enduring Materials				
Others				
Journal-based CME				
Subtotal, Directly sponsored				
Jointly- sponsored				
Live				
Courses				
Regularly scheduled series (count each series as 1)				
Internet Activity-Live				
Test Item Writing				
Committee Learning				
Performance Improvement				
Internet Searching and Learning				
Manuscript Review				
Learning from Teaching				
Enduring Materials				
Internet Activity-Enduring Materials				
Others				
Journal-based CME				
Subtotal, Jointly sponsored				
Total for all activities				

2. Essential Area 1: 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. (Label as the CME Mission Statement.)**

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.

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. Considering your *overall CME program* (all CME activities/interventions), describe how the following components of your planning process are *generally* addressed.

How (through what means and sources) does the CME program identify or determine:

1. (C2) problems or gaps in professional practice that will be the subject/content of CME activities?
2. (C2) the educational needs (for changes in knowledge, attitudes, skills, competence, or other factors influencing performance) that underlie the identified problems/gaps in practice that CME activities/interventions will address?
3. (C2, C4) the individuals or groups of individuals for whom the activity will likely be relevant?
4. (C3) what CME activities/interventions are designed to change?
5. (C5) the educational formats⁵ that will be used and why?
6. (C6) how CME activities are planned in the context of general competencies (e.g., medical knowledge, patient care, interpersonal and communication skills, practice based learning, professionalism and systems-based practice)?

[Write a narrative addressing numbers 1 through 6.]

- B. Referring to two CME activities that have been presented, (identifying the title, date presented and the type of activity, e.g., course, session(s) of a RSS, Internet, etc.) describe how the following components of your planning process were *specifically* addressed for each activity:

1. (C2) the problem(s) or gap(s) in practice that the learning activity/intervention was intended to address.
2. (C2, C4) how the problem or gap in practice was relevant to the learning needs of the intended audience.
4. (C3) the purpose or objective of the activity(s) and whether it was intended to impact changes in knowledge, attitudes, skills, competence, or other factors influencing performance.
5. (C3) how the purpose/objectives of the activity was compatible with your CME program mission.
6. (C5) the educational format(s) used for the educational activity and why.
7. (C6) the general competencies (medical knowledge, patient care, interpersonal and communication skills, practice based learning, professionalism and systems-based practice) considered during planning of the activity and, if applicable, how it was designed to address requirements for board certification, such as lifelong learning and self-assessment.

[Write a narrative addressing 1-7]

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

⁵ Format refers to the educational methods used by the provider to achieve the objectives/desired results of the activity/educational intervention. Examples of educational methods include: readings, lectures, discussion, reflection on experience, feedback on performance, small group learning, team-based learning, learning projects, role-plays, 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)



Referring to the two activities described in B. above, include documentation that demonstrates your practice(s) in 1-7 above **highlighting relevant sections and listing the criterion** to which each section is referring. **(In section 8 INSERT documentation - Label as Doc 3B)**

Section 4: Educational Planning (Criterion 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 processes, procedures and/or policies used by your CME program to assure its learning activities/educational interventions are not influenced by commercial interests. (SCS 1.1) **[Write a Narrative]**
- B. List below the name of organizations with which you have jointly sponsored and briefly describe each, e.g., St. Edward's General Hospital - non profit hospital. (SCS 1.2)
- C. **Describe** the mechanism(s) your organization uses to ensure that everyone in a position to control educational content has disclosed to the CME unit relevant financial relationships with commercial interests. (SCS 2.1) **[Write a Narrative]**



If there are forms or other mechanisms used for all those with control over content, **in Section 8 INSERT - label as Doc 4C.**

- D. **Describe** your organization's mechanism(s) for disqualifying individuals who refuse to disclose. (SCS 2.2) **[Write a Narrative]**
- E. **Describe** how your organization resolves relevant conflicts of interests of those with control over content (e.g., speakers, planners) to prevent commercial influence in learning activities/educational interventions. (SCS 2.3) **[Write a Narrative]**



If there is documentation of a mechanism used to resolve (i.e., measure taken to prevent a relevant conflict of interest from influencing the content of CME activities) for all those with control over content **Insert - label as Doc 4E.**

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

F. 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? (SCS 3.1, 3.3)


Yes No

If yes, please explain:

G. 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:

 H. If commercial support is received, in section 8 **INSERT** a completed copy of the letter of agreement with a commercial source - **Label as Doc 4H.** (SCS 3.4, 3.5, 3.6)

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

I. In section 8 **INSERT** your written policies and procedures on Commercial Support of CME. **Label as Doc 4I.**



Do your policies:

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

Yes No If no, please explain:

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:

3. Indicated that no other payment shall be given to the director or 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:

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:

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:

I. For each yes answer above, on **INSERTED Document labeled Doc 4I** (policies and procedures on Commercial Support of CME):



1. **Highlight and mark as SCS 3.7** where your policies address SCS 3.7.
2. **Highlight and mark as SCS 3.8** where your policies address SCS 3.8.
3. **Highlight and mark as SCS 3.9** where your policies address SCS 3.9.
4. **Highlight and mark as SCS 3.10** where your policies address SCS 3.10.
5. **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)? **[Write a Narrative]**



K. 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) **In section 8 INSERT - Label as Doc 4K.**

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). **[Write a 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) **[Write a 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) **[Write a 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. **[Write a 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 (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) **[Write a Narrative]**



In section 8 **INSERT the following for one activity and - Label as Doc 4P.** (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 all those in a position to control content and the 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.

If the CME program does not accept commercial support, check here:

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.

5. 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

A. If yes, describes how Regularly Scheduled Series are monitored by the CME program to assure they are planned and implemented in compliance with the updated criteria 2-11.

1. Identify the method(s) used to assess the extent to which RSSs meet the Updated Accreditation Criteria in planning and in implementation.
2. Describe evidence collected, such as, reports, checklists, planning guides and/or documents, etc., used for monitoring and assessing your RSSs compliance with the updated criteria.

[Write a Narrative]

3. Describe your mechanism to record and when authorized by a participating physician to verify participating. **[Write a Narrative]**

4. How long are participant records retained?



In section 8, **INSERT** documents used to monitor and assess RSSs compliance with the updated criteria. **Label as Doc 5A**

B. When information indicates a RSS is not complying with accreditation standards, what does the CME program do? **[Write a Narrative]**

6. Evaluation and Improvement (Criteria 11-15)

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.

C. 12. 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.

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.

C.14. 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.

C.15. 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. You are **required** to have data about the changes your educational activities/interventions achieved. **INSERT** summary evaluation data on the changes your educational activities/interventions achieved. (C11)
Label as Doc 6A
- B. **Describe** the conclusions you drew from analyzing the summary data (document 6A) and any other relevant data on the outcomes of your CME activities. Identify the changes in competence, performance, or in patient outcomes that were achieved. **[Write a Narrative]** (C 11)
- C. Looking again at your mission statement and the expected results, did the CME program achieve its expected results? Why or why not?
[Write a Narrative] (C12)
- D. Complete the following regarding other components of your mission. **[Write a Narrative]** (C 12)
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?

- E. In completing your Self Study and reflecting upon 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.
[Write a Narrative] (C 13)

PART 2: Continuous program analysis and Improvement

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

Yes No

If yes, complete G through K:

- G. How frequently was the CME program assessed during the current term?
[Write a Narrative] (C 11-15)

If, during the current accreditation term, needed or desired changes were identified to improve the CME program, please describe (C13): **[Write a Narrative]**
(If not, check here:)

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

- J. If, during the current accreditation term, changes made for improvement were assessed describe your findings. (C15) **[Write a Narrative]**
(If not, check here:)

- K. If changes the CME program made for improvement were assessed, will you revise any changes made, discontinue any changes or make additional changes? Please describe (C13-15) **[Write a Narrative]**
(If not, check here:)

NOTE: The information gathered through your responses to C 16-22 is used to determine eligibility for accreditation with commendation. If you are not seeking accreditation with commendation, you have the option of: 1) skipping to section 8 or 2) you may complete this section to highlight aspects of your CME program that may not have been addressed in other sections of your Self Study Report.

Are you seeking accreditation with commendation? Yes No

7. Essential Area 3: Engagement with the Environment (Criteria 16-22)

ACCME ACCREDITATION CRITERION C 16, C 20, C21 AND C 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)

[Write a Narrative]

- B. Describe activities and educational interventions to improve professional performance including patient safety and health care quality improvement that the CME program has been involved in implementing cooperatively with other stakeholders. (Include information, such as, the a) name of the activity or a description of the intervention and the date(s) provided, b) source(s) from which the problem/gap in practice were identified, c) the improvement in practice/healthcare that the activity/educational intervention was intended to facilitate, c) the population of learners for whom the intervention was intended, and c) the stakeholders with whom the CME program worked. (C16,

C 21, C22)

[Write a Narrative]

Essential Area 3: Use of non-educational strategies (C 17)

ACCME Accreditation Criterion 17: 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 group of activities. **Include** examples of non-educational strategies that have been used. (C17)
[Write a Narrative] (INSERT – Label as Doc 7C)

Essential Area 3: Identifying and overcoming barriers to change (C 18, 19)

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

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

- D. If your organization identifies factors outside of its control that have an impact on patient outcomes (which may include barrier 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) **[Write a Narrative]**
- 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. **Include** examples of strategies that have been implemented to remove, overcome or address barriers to physician change and/or to patient outcomes. (C19)
[Write a narrative] (INSERT – Label as Doc 7E)

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. In the right hand column, please list the corresponding page number(s) for each document. Documents under Section 7 must be inserted only if you are seeking accreditation with commendation. If you are not seeking accreditation with commendation, documents may be inserted to highlight aspects of your CME program not addressed in other sections of your Self Study.

<i>Label</i>	<i>Document</i>	<i>Reference</i>	<i>Page #'s</i>
1. INTRODUCTION			
1 A	CME policies and procedures table of contents	Introduction	
1 I	Documentation of initiatives to incorporate Updated Criteria	Introduction	
3. EDUCATIONAL PLANNING (CRITERIA 2-6)			
3 B	Documentation of program planning	C 2-6	
4. EDUCATIONAL PLANNING (CRITERIA 7-10)			
4 C	Disclosure of COI to CME provider	SCS 2.1	
4 E	Resolution of COI	SCS 2.3	
4 H	Letter of Agreement with commercial supporters, if applicable	SCS 3.4-6	
4 I	Policies and Procedures on Commercial Support	SCS 3.7-12	
4 K	Income and Expenses Statement	SCS 3.13	
4 P	Documentation of disclosure to audience	6.1-5	
5. ACCREDITATION POLICIES			
5 A	Documents used to monitor and assess RSS compliance with updated criteria	RSS	
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	Examples of non educational strategies to enhance change	C 17	
7 E	Example of strategies to remove barriers to physician change/patient outcomes	C 19	