

SELF STUDY FOR *INITIAL*  
ACCREDITATION



**MSV<sup>SM</sup>**

**MEDICAL SOCIETY OF VIRGINIA**

2924 Emerywood Parkway, Suite 300  
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

If your organization is deemed eligible through the pre-application review process, you will be invited to continue with the initial accreditation process and complete a Self-Study for Initial Accreditation.

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. Applicants seeking initial accreditation also may choose to submit information and documentation to show compliance with **Criteria 5, 6 and 13**, the additional criteria required for full accreditation *following an initial accreditation term*. In addition, initial applicants may also choose to address Criteria 16-22, the criteria for accreditation with commendation. If the additional criteria are addressed in your Self Study Report, comments will be provided by the MSV regarding the additional criteria but will not affect an initial accreditation decision. Provisional accreditation is the only type of accreditation granted to an initial application and is for two years. It may be extended by the MSV one time for one to two years. At the end of provisional accreditation, an organization is eligible for reaccreditation. If successful in reaccreditation, an organization is eligible for a status of either accreditation (with a four-year term) or Accreditation with commendation (with a six-year term.)

## 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:** Applicants are expected to describe their practices and to provide *verification* in the Initial Self Study report.
2. **Performance in Practice Review:** Initial applicants for accreditation will select **two** educational activities that have been planned, implemented and evaluated within the **24 month** period prior to submission of the Initial Self Study Report. These activities may have been conducted in joint providership with an accredited ACCME or accredited intrastate CME provider or may be activities offered by the initial applicant without CME credit. The applicant is expected to demonstrate and verify that their CME activities meet MSV Accreditation Criteria through the documentation review process. This review is based on the MSV Accreditation Criteria and is facilitated by the provider's use of a [Performance in Practice Structured Abstract](#) form or the use of [Performance in Practice Labels](#) for organizing the files. Providers may not use both the form and the labels. *In addition, for initial accreditation an activity must be reviewed prior to accreditation. The CME activity may be in any format, allowing observation by at least one member of an MSV survey team.*

**PLEASE NOTE:** In verifying performance in practice, do not include documentation not requested by the MSV, such as faculty CVs, all completed evaluation forms, or instructional handouts in their entirety. In addition, if a regularly scheduled series (RSS) is selected by the applicant for the MSV to review, please include only the documentation the applicant organization reviews to ensure the RSS meets accreditation requirements. If the applicant reviews each and every session of a RSS, submit documentation for 25% of the sessions.

3. **The Interview:** The accreditation interview offers the initial applicant an opportunity to discuss its CME program with qualified surveyors. The MSV surveyors will meet with representatives of your CME program to engage in dialogue about your organization's policies and practices that ensure compliance with accreditation criteria, including the Standards for commercial support and Accreditation Policies.

At the interview, the surveyors will seek clarification about any questions they may have regarding the submitted self-study materials. The survey team may request that a provider submit additional materials based on this dialogue to verify the provider's practice.

## EXPECTATIONS ABOUT MATERIALS

Materials submitted to the MSV, in any format, must not contain untrue statements, must not omit any necessary facts, must not be misleading, must fairly present the organization, and the property of the organization. Materials submitted for accreditation (Self-Study Report, activity files, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

## INSTRUCTION FOR ORGANIZING THE INITIAL SELF STUDY REPORT

Use divider tabs to separate the content of the report into the seven sections listed below, and use additional tabs to identify documents inserted in Section 7, **Documents**. Divider tabs may be preprinted, typed, or hand written as follows:

1. **Administration**
2. **Mission (C 1)**  
(The stated mission may include some or all of the following components (purpose, target audience, and type of activities) but must include the expected results of the CME program in terms of changes in competence, performance and/or patient outcomes. The mission statement will be reviewed only in regard to the expected results.)
3. **Educational Planning (C 2-3)** (Initial applicant may choose to also address C5-C6)
4. **Standards for Commercial Support (C7-10)**
5. **Evaluation (C 11-12)** (Initial applicant may choose to also address C 13)
6. **Engagement with the Environment (C16-22)** (Applicants may choose to also address 16-22)
7. **Documents** – Behind the Documents - Tab 7, include index tabs for each attachment as 1, 2A, 2B, 2C and 3A and 3B.

### Format Requirements

1. Using 11 point type or larger, type your narratives in bold or in a font different from the Calibri font used in the self-study form.
2. The self-study report must be submitted in a three ring binder. The binder **may not be more than 1 ½ inch in diameter** and the materials may not be more than 1 ½ inches in thickness, excluding the two performance in practice activity documentation, if submitted in hard copy.
3. Insert documents behind the page entitled: “Section 7–Documents-Table of Contents.”
4. Place “Section 7-Documents-Table of Contents” as the first page after tab 7.
5. When the binder has been assembled, consecutively number each page. Page numbers may be written or typed.
6. All state medical society accreditation programs are required by the ACCME to maintain the program planning documents for one activity file reviewed during an accreditation survey. If you are not submitting activity document for performance in practice review in an electronic format as PDFs, please have a copy of the documentation for one activity file reviewed available on-site for the MSV to retain.

## INITIAL ACCREDITATION TIMELINE AND FEES

The MSV accreditation process requires two months 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.

Survey fees of \$2,500 should be submitted with the three copies of the Initial Self Study Report. The amount includes a \$500 non-refundable Self Study review fee, and a \$2,000 on site survey fee. If the applicant is granted initial accreditation, the \$2,500 accreditation fee will be credited as annual dues for the remainder of the calendar year in which the provider is accredited.

## REQUIREMENTS FOR ASSEMBLING AND SUBMITTING PERFORMANCE IN PRACTICE MATERIALS

Providers may use the [Performance in Practice Structured Abstract](#) form or the [Performance in Practice Labels](#) for organizing the two CME activity files for review by the Medical Society of Virginia. Initial applicants may submit activity files in either hard copy or in electronic format.

### Instructions for submitting in hard copy of activity files:

1. Submit labeled evidence for each activity selected in an 8 ½" by 11" file folder; do NOT submit evidence in binders.
2. Affix a label on the front cover of each file folder that specifies:

• Full name of your organization	• Activity type, as submitted in PARS
• Activity title, as submitted in PARS	• Directly or jointly provided
• Activity date and location, as submitted in PARS	• Commercial support was/was not accepted

### Instructions for submitting in electronic format:

**Note:** Submission in electronic format requires Adobe Acrobat version 8.0 or more recent.

1. Save the evidence for your activity as a separate PDF file. The file you create should appear as a single document when opened. Do not use the Acrobat option to make a PDF "portfolio" style file. Use the following format for the file name: Brief activity title\_Date of activity(YYYYMMDD)
2. Create a cover page for your activity file with the following information displayed. This cover page must be the first page of the activity file.

• Full name of your organization	• Activity type
• Activity title	• Directly or jointly provided
• Activity date and location, as submitted in PARS	• Commercial support was/was not accepted

3. If you use the [Performance in Practice Labels](#), create a bookmark for each label, and use the language of the label as your bookmark, e.g., "C2 The professional practice gap(s) of your learners on which the activity was based." If you use the [Performance in Practice Structured Abstract](#), create a bookmark for each attachment, and use the number of the attachment as your bookmark, e.g., "Attachment 1."
4. Save all of the PDF files to a single CD-ROM or USB flash drive. Submit two CD-ROMs or flash drives, each with a complete set of PDF activity files.

## SUBMITTING MATERIALS TO THE MSV

**The following materials must be shipped, using a method that has a reliable electronic, web-enabled delivery tracking system:**

- Three copies of the Initial Self-Study Report in binders formatted and organized as specified
- Three separate flash drives or CD-ROMs with your evidence of performance-in-practice for selected activities, if submitting electronically
- Three sets of your evidence of performance-in-practice for selected activities, if submitting in hard copy format
- If applicable, one copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected for performance-in-practice review

**Do not ship original documents.** Activity files will not be returned. Retain a duplicate set of materials including the Self-Study Report and evidence of performance-in-practice for your own reference at any time during the accreditation process, but especially at the time of the accreditation interview. If the need arises, the MSV may ask for additional copies of a file or set of files.

**SHIP TO:** CME Intrastate Accreditation, c/o Pam Mazmanian, Medical Society of Virginia, 2924 Emerywood Parkway, Suite 300, Richmond, VA 23294  
Phone: (804) 377-1040

**TABLE A: DEMOGRAPHIC INFORMATION**

<b>Name of Organization (As it should be on a certification of accreditation):</b>	
Organization:	

<b>Chief Executive Officer of the Organization:</b>	
Name:	
Title:	
Address:	
Telephone number: ( ) -	Fax number: ( ) -
e-mail address:	

<b>Director of Medical Education, Director of CME or CME Committee Chairman:</b>	
Name:	
Signature:	Date:
Title:	
Address:	
Telephone number: ( ) -	Fax number: ( ) -
e-mail address:	

<b>Primary Administrative Contact Person for the CME Program:</b>	
Name:	
Signature:	Date:
Title:	
Address:	
Telephone number: ( ) -	Fax number: ( ) -
e-mail address:	

<b>Hospital/Health Care Organization Information:</b>
If applicable, name affiliate organization in the CME program that will plan and present CME activities using the CME program's accreditation statement on program announcements:

**Please respond to each item and use index dividers to separate Sections 1 through 7**

**SECTION 1: ADMINISTRATION OF THE CME PROGRAM**

- A. Provide a brief history of your continuing medical education (CME) Program.
- B. **Describe** briefly how and by whom decisions regarding the CME program are made. Include: 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?

As the next page, show the leadership and structure of your CME program in an organizational chart.

- C. **Describe** your mechanism to record and when authorized by a participating physician to verify participation.

**TAB 1: INSERT (behind divider 7-Documents) the table of contents from your CME policies and procedures.)**

(The table of contents should include CME position descriptions.)

**SECTION 2: MISSION (CRITERION 1)**

**C1: HAS A CME MISSION STATEMENT WITH EXPECTED RESULTS ARTICULATED IN TERMS OF CHANGES IN COMPETENCE, PERFORMANCE, OR PATIENT OUTCOMES THAT WILL BE THE RESULT OF THE PROGRAM (EFFECTIVE FEBRUARY 2014).**

- A. **Insert** your mission statement below or as the next page. **Highlight** the expected results of the program.

- B. The expected results of the CME program are changes in (check all that apply):

- Changes in competence
- Changes in performance
- Changes in patient outcomes

**SECTION 3: EDUCATIONAL PLANNING (CRITERIA 2, 3)**

**C2: INCORPORATES INTO CME ACTIVITIES THE EDUCATIONAL NEEDS (KNOWLEDGE, COMPETENCE, OR PERFORMANCE) THAT UNDERLIE THE PROFESSIONAL PRACTICE GAPS OF THEIR OWN LEARNERS**

**C3: GENERATES ACTIVITIES/EDUCATIONAL INTERVENTIONS THAT ARE DESIGNED TO CHANGE COMPETENCE, PERFORMANCE OR PATIENT OUTCOMES AS DESCRIBED IN THE MISSION STATEMENT.**

**OPTIONAL FOR INITIAL ACCREDITATION:**

**C5: THE PROVIDER CHOOSES EDUCATIONAL FORMATS FOR ACTIVITIES/INTERVENTIONS THAT ARE APPROPRIATE FOR THE SETTING, OBJECTIVES AND DESIRED RESULTS OF THE ACTIVITY.**

**C6: THE PROVIDER DEVELOPS ACTIVITIES/EDUCATIONAL INTERVENTIONS IN THE CONTEXT OF DESIRABLE PHYSICIAN ATTRIBUTERS 9E.G., INSTITUTE OF MEDICINE (IOM) COMPETENCIES, ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME).**

- A. Please complete the table below for activities that have been planned, implemented, and evaluated within the 24-month period prior to the initial accreditation survey. (The activities may or may not be jointly provided or certified for credit, e.g., American Medical Association PRA Category 1; American Osteopathic Association Category 1; American College of Obstetricians and Gynecologists Cognates; American Academy of Family Physicians Prescribed Credit; American Academy of Pediatrics credit hours toward the PREP educational award.)

Please provide the following information about your CME activities.	Number of			
	Activities	Hours of Instruction	Physician Participants	Non-Physician Participants
<b>Live</b>				
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				

<b>Enduring Materials</b>				
Internet Activity-Enduring Materials				
Others				
<b>Journal-based CME</b>				
<b>TOTAL:</b>				

B. If your organization provides regularly scheduled series, in chronological order, according to the date each series began, list each regularly scheduled series (RSS) your organization has offered during the last 24 month period. For example:

- EXAMPLE -

RANGE OF DATES	TITLE	NUMBER OF SESSIONS
1/6/14-12/29/14	Pediatric Grand Rounds	24
1/4/13-12/2/13	Medical Grand Rounds	12

List each Regularly Scheduled Series as one activity, e.g., grand rounds, tumor boards. Do not list individual sessions.

RANGE OF DATES	TITLE OF SERIES	NUMBER OF SESSIONS IN SERIES

C. Filling in the table below: tell us how you *typically* develop CME activities/learning interventions by describing the components of your program planning process as they *generally* apply to your overall CME program activities.

1. (C2) What sources have been consulted to identify problems or gaps in professional practices that are the subject/content of your CME activities?
2. (C2, C3) What are some of the gaps <sup>1</sup> in professional practice that activities have addressed?
3. (C2) What were some of the educational needs of your learners underlying or causing the problems/gaps in practice that CME activities addressed?
4. (C3) What competence, performance or patient outcomes were CME activities/ interventions designed to change?
5. (C 11-related to C 2 and C 3) What methods were used to determine whether the intended changes occurred (evaluation)?
6. (C2) What population of health care providers was the activity designed to address?
7. (C5) (optional for initial accreditation) How does the CME program determine the educational formats <sup>2</sup> to be used for its CME activities?
8. (C6) (optional for initial accreditation) How are CME activities/interventions developed to address desirable physician attributes (e.g., ABMS competencies)?

<sup>1</sup> This is an ACCME adaptation of an Agency for Healthcare Research and Quality (AHRQ) definition of a gap in the quality of patient care where the gap is "the difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional knowledge." When there is a gap between what the professional is doing or accomplishing compared to what is "achievable on the basis of current professional knowledge," there is a professional practice gap.

<sup>2</sup> Format refers to the educational methods used by the provider to achieve the objectives/desired results of the activity/educational interventions. 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.

## SECTION 4: STANDARDS FOR COMMERCIAL SUPPORT (SCS) OF CME (CRITERIA 7-10)

SCS 1: INDEPENDENCE

SCS 2: RESOLUTION OF PERSONAL CONFLICTS OF INTERESTS

SCS 3: APPROPRIATE USE OF COMMERCIAL SUPPORT

SCS 4: APPROPRIATE MANAGEMENT OF ASSOCIATED COMMERCIAL PROMOTION

SCS 5: CONTENT AND FORMAT WITHOUT COMMERCIAL BIAS

SCS 6: DISCLOSURE RELEVANT TO POTENTIAL COMMERCIAL BIAS

- A. Provide a description of how you ensure your activity planning process is independent of the control of any ACCME-defined commercial interest and the mechanisms implemented to ensure that you, as an initial applicant, retain complete control of the CME content (SCS 1.1).  
[A *commercial interest* [as defined by the ACCME] is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.]
- B. **Describe** the policy and 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).
- C. **Describe** your organization's mechanism(s) for resolving conflicts of interests for everyone in a position to control content (i.e., teachers, planners and others with control over content) (SCS 2.3).
- D. **Describe** your CME policy regarding individuals with control over content that refuse to disclose (SCS 2.2).
- E. **Describe** how your organization resolved a conflict of interests of individuals with control over content (e.g., speakers, planners) to prevent commercial influence in learning activities/educational interventions (SCS 2.3). Include the activity title, type (e.g., course, RSS) and date.
- F. Describe your organization's processes and mechanisms for disclosure to the learners of relevant financial relationships of all people in a position to control educational content.

**Tab 2A: If applicable, INSERT (behind divider 7-Documents) documents used to help you identify conflicts of interests.**

**Tab 2B: If applicable, INSERT (behind divider 7-Documents) documents used to help you resolve conflicts of interests.**

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

We do not accept commercial support.

- G. Describe the mechanism used to disclose to learners commercial support of CME, including any in-kind support.
- H. 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 program director, planning committee members, teachers, or for facility rental, or for a meal provided during an educational meeting. (SCS 3.1, 3.3, 3.9)
- Yes       No

If yes, please explain how the CME program handled the situation:

- I. Have there been occasions when a commercial supporter suggested speakers, participants or content? (SCS 3.2)
- Yes       No

If yes, please explain how the CME program handled the situation:

**Tab 2C: INSERT (behind divider 7-Documents) your written policies and procedures on Commercial Support.**

- J. Do your policies on Commercial Support of CME:

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, in Tab 2C, **Highlight and mark as 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, in Tab 2C, **Highlight and mark as SCS 3.8.**

3. Indicate 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?

Yes  No If no, please explain:

If yes, in Tab 2C, **Highlight and mark as SCS 3.9.**

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

Yes  No If no, please explain:

If yes, in Tab 2C, **Highlight and mark as 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?

Yes  No If no, please explain:

If yes, in Tab 2C, **Highlight and mark as SCS 3.12.**

6. **Describe** how you ensure social events or meals at CME activities do not compete with or take precedence over the educational event? (SCS 3.11)

K. 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)

**If you do not arrange for exhibits in association with any of your CME activities, check here:**

L. If your organization arranges for advertisements in association with 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)

If you do not arrange for advertisements in association with any of your CME activities, check here:

M. **Describe** how you ensure 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)

N. **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 (SCS 5.1)
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 statement<sup>3</sup>.

O. **Describe** your organization's processes and mechanisms for disclosure (to learners) of relevant financial relationships of all persons in a position to control educational content. (SCS 6.5)

P. **Describe** your organization's process(es) and mechanism(s) for disclosure (to learners) of sources of support from commercial interests, including "in-kind" support, if received. (SCS 6.1-6.5)

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<sup>3</sup> 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.

## SECTION 5: EVALUATION AND IMPROVEMENT(C11-12)

**C11: THE PROVIDER ANALYZES CHANGES IN LEARNER'S 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**

**Note:** To comply with C 11 and C 12, the provider: 1) gathers evaluation data on changes resulting from its CME activities (in competence, performance and/or in patient outcomes (C, P and/or PO)(C12); 2) conducts a formal review of changes in learners' C, P and/or PO achieved as a result of the overall program's activities/ educational interventions (C11), and 3) as part of the formal review (of changes achieved), the provider considers and describes how well the expected results of the CME program mission is being achieved (C12).

- A. Based on data and information from your program's activities/educational interventions, provide your analysis of changes achieved in your learners' competence, performance and/or in patient outcomes. (C11)
- B. Based on data and information gathered, provide your analysis on the degree to which the expected results of your CME mission has been met through the conduct of our CME activities/educational interventions. (C12)

**Tab 3A: If available, INSERT (behind divider 7-Docuemnts) a summary of the data reviewed to assess the effectiveness of your CME program, if available.**

**Tab 3B: If available, INSERT (behind divider 7-Documents) a report, meeting minutes or other documentation showing an analysis of the degree to which the expected results of the CME program has been met through the conduct of CME activities/ educational interventions. (Limited to no more than 10 pages.)**

**OPTIONAL FOR INTIAL ACCREDITATION** - If the additional criteria below are addressed in your Self Study Report, comments will be provided by the MSV but will not affect an initial accreditation decision.

**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.**

**Initial applicants may also address the following optional item C., addressing 1, 2, and/or 3 below.**

- C. Describe:
  - 1. Identified changes to improve ability to meet mission.
  - 2. Planned changes to improve ability to meet mission.
  - 3. Implemented changes to improve ability to meet mission.

**OPTIONAL FOR INITIAL ACCREDITATION** - If the additional criteria below are addressed in your Self Study Report, comments will be provided by the MSV but will not affect an initial accreditation decision.

### Section 6: Engagement with the Environment (Criteria 16-22)

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

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

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

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

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

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

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

**NOTE: For continued accreditation, information gathered through responses to 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. You may: 1) skip to section 7-Documents, or 2) complete 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 6: Engagement with the Environment (Criteria 16-22)

- A. If your organization integrates CME into the process for improving professional practice, **describe** how this integration occurs. Include all **examples** in your description of explicit organizational practices that have been implemented. (C16)
- B. If non-educational strategies<sup>4</sup> 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. Include in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include all **examples** in your description of non-education strategies that have been implemented. (C17)
- C. If your organization identifies factors outside of its control that will have an impact on patient outcomes **describe** those factors. Include all **examples** in your description of identifying factors outside of your organization's control that will have an impact on patient outcomes. (C18)
- D. If strategies have been used to remove, overcome, or address barriers to physician change, **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 all **examples** in your description of educational strategies that have been implemented to remove, overcome or address barriers to physician change. (C19)
- E. If your organization is engaged in collaborative or cooperative relationships with other stakeholders, **describe** these relationships. Include all **examples** in your description of collaboration and cooperation with stakeholders. (C20)
- F. If your CME unit participates within an institutional or system framework for quality improvement, **describe** this framework. Include all **examples** in your description of your CME unit participating within an institutional or system framework for quality improvement. (C21)
- G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, describe organizational procedures and practices that support this. Include examples of how your organization is positioned to influence the scope and content of activities/educational interventions. (C22)

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<sup>4</sup> "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 7– Documents – Table of Contents

The following is a list of documents to be appended behind this page as Section 7. Refer back to specific questions for clarification of the item(s) needed. Include this table of contents behind Tab 7

<i>Index Tab</i>	<i>Document</i>	<i>Reference</i>
	<b>1. ADMINISTRATION</b>	
<b>1</b>	CME policies and procedures table of contents	<b>Administration</b>
	<b>4. EDUCATIONAL PLANNING (CRITERIA 7-10)</b>	
<b>2A</b>	If forms or documents are used to help you <u>identify</u> conflicts of interests, insert as 2A.	<b>C 7-10 SCS</b>
<b>2B</b>	If forms or documents are used to help you <u>resolve</u> conflicts of interests, insert as 2B.	
<b>2C</b>	Policies and procedures on Commercial Support of CME.	
	<b>5. EVALUATION AND IMPROVEMENT</b>	
<b>3A</b>	If available, summary evaluation data supporting your analysis. (The summary should not be over 10 pages in length.)	<b>C 11</b>
<b>3B</b>	If available, a report, meeting minutes or other documentation showing an analysis of the degree to which the expected results of the CME program has been met through the conduct of CME activities/ educational interventions. (Limited to no more than 10 pages.)	<b>C 12</b>

**For mailing information refer to page III, Submitting Materials to the MSV.**