

SELF-STUDY FOR CONTINUED ACCREDITATION

Instructions and Outline

[For Surveys Conducted after December 31, 2015]



MSVSM

MEDICAL SOCIETY OF VIRGINIA

2924 Emerywood Parkway, Suite 300
Richmond, Virginia 23294
(804) 377-1040

Please read the [entire](#) self-study form before entering your responses.

SELF-STUDY FOR CONTINUED ACCREDITATION

CONDUCTING YOUR SELF-STUDY

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

DATA SOURCES REVIEWED IN THE REACCREDITATION PROCESS

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

- 1. The self-study report:** Organizations are asked to provide descriptions, attachments, and examples to give the reader an understanding of CME practice(s) related to accreditation criteria and policies.
- 2. Performance in Practice Review:** Organizations are asked to verify that their CME activities are in compliance with ACCME/MSV Criteria and Policies through the documentation review process. Following submission of your self-study, *due three months in advance of the survey date for those planning to submit activity files electronically and two months in advance if hard copies will be available for review at the survey*, the MSV will select up to 12 activities for review from PARS and will notify you of the activities selected via email. Your organization will be asked to confirm receipt of this communication. If activity files are being submitted electronically, they should be provided to the MSV at least four weeks in advance of the survey date. (If you note an error in the list of activities the MSV selects from PARS for review, such as an incorrect activity date or format, or if an activity was cancelled or otherwise did not occur, contact Pam Mazmanian at pmazmanian@msv.org to allow for any necessary corrections or adjustments.)

With the list of activities selected for review by the MSV, the provider will also receive [Performance in Practice Labels](#) for organizing the files and a [Performance in Practice Structured Abstract Form](#). You may use either the labels or the Structured Abstract form to organize the selected files for review. You may not use both.

PLEASE NOTE: In verifying performance in practice, do not include documentation not required by the MSV, such as faculty CVs, all completed evaluation forms, or instructional handouts in their entirety.

Electronic Submission of Activity Documentation

The MSV encourages providers to submit their evidence of performance-in-practice (activity files selected for review as part of a reaccreditation survey) as [electronic files](#) on a flash drive. If you plan to submit your activity files electronically, please inform Pam Mazmanian at pmazmanian@msv.org.

- 3. Accreditation Interview:** Organizations have the opportunity to further describe the practices presented in the self-study report and in activity files, and provide clarification, as needed. In conversations with the MSV survey team, an organization may illuminate its practices in a more explicit manner. The survey team may request that a provider submit additional materials based on this dialogue to verify the provider's practice. With the submission of electronic activity files, providers have the option of holding the interview by conference call. Conference call interview typically average 90 minutes in length.

The MSV reserves the right to make all final decisions regarding the interview format, date, time and/or composition of the survey team.

The MSV will provide information about the process of scheduling the accreditation interview. The MSV will confirm your assigned surveyor(s) and the interview date and time in advance via email. Your organization will be asked to confirm receipt of this communication.

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 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. INTRODUCTION
2. MISSION (C 1)
3. PLANNING (C 2, 3, 5, AND 6) (C 4 is eliminated)
4. STANDARDS FOR COMMERCIAL SUPPORT (C 7-10)
5. EVALUATION/IMPROVEMENT (C11-13) (C 14 and 15 are eliminated)
6. ENGAGEMENT (C 16-22)
7. DOCUMENTS (Behind the Documents tab, include the following tabs: 1, 2, 3A, 3B, 4 AND 5A AND 5B.)

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.**
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.

CONTINUED ACCREDITATION TIMELINE

- A. Accredited providers will receive information on continued accreditation approximately fourteen months before their accreditation expiration date. The Intrastate Accreditation Committee (IAC) generally meets annually in January and in June, or within three months of the time an accreditation survey occurs.
- B. To allow the same amount of time for organizing files selected for review by the MSV, please follow the timeline below:
 - **Electronic Submission of Activity Files.** Submit **three** copies of the self-study report to the MSV **3 months before your schedule survey/interview** if you are submitting your activity files electronically. The organization will receive the list of activities for review soon after the MSV receives the self-study report. Electronic activity files should be submitted to the MSV **4 weeks** prior to the schedule survey/interview.
 - **Hard Copies of Activity Files on Site.** Submit **three** copies of the self-study report to the MSV **2 months before your survey date**, if activities files will be available for review on-site. The organization will receive the list of activities for review soon after the MSV receives the self-study report.
- C. Providers will be notified of an accreditation decision within approximately two weeks from the time the IAC meets. Please note, if the MSV is unable to render a decision due to missing or incomplete information, the MSV reserves the right to request additional information from the CME organization.

Three copies of 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, CME Intrastate Accreditation
2924 Emerywood Parkway, Suite 300
Richmond, VA 23294

Insert as First Page of Self-study

TABLE A: DEMOGRAPHIC INFORMATION

Name of Organization (As it should be stated on a certification of accreditation and as listed in PARS):		
Organization:		
Chief executive officer of the organization:		
Name:		
Title:		
Address:		
Telephone number: () -	Fax number: () -	
e-mail address:		
Director of Medical Education, Director of CME or CME Committee Chairman:		
Name:		
Signature:	Date:	
Title:		
Address:		
Telephone number: () -	Fax number: () -	
e-mail address:		
Primary Administrative Contact Person for the CME Program:		
Name:		
Signature:	Date:	
Title:		
Address:		
Telephone number: () -	Fax number: () -	
e-mail address:		
Hospital/Health Care Organization Information:		
Number of Staff:	Number of courtesy staff:	Number of allied health prof:
Geographically area served by the CME program:		
If applicable, name of hospitals and other organizational members that are part of your CME program (i.e., entities that plan and provide CME activity under the auspices of your CME program as directly provided CME):		

Place a check by the type of activities provided during the current accreditation term

Type of Activities Provided During Current Accreditation Term:	Directly provided	Jointly Provided
Courses	<input type="checkbox"/>	<input type="checkbox"/>
Regularly scheduled series (count each series as 1 activity)	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Test Item Writing	<input type="checkbox"/>	<input type="checkbox"/>
Committee Learning	<input type="checkbox"/>	<input type="checkbox"/>
Performance Improvement	<input type="checkbox"/>	<input type="checkbox"/>
Internet Searching and Learning	<input type="checkbox"/>	<input type="checkbox"/>
Manuscript Review	<input type="checkbox"/>	<input type="checkbox"/>
Learning from Teaching	<input type="checkbox"/>	<input type="checkbox"/>
Enduring Materials	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>
Journal based CME	<input type="checkbox"/>	<input type="checkbox"/>
Was commercial support received during the current accreditation term?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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?

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

TAB 1: INSERT (behind divider 7-Documents) the table of contents from your CME policies and procedures in Section 7. (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, 5, 6, 11)

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.

C4: REMOVED FROM THE ACCREDITATION REQUIREMENTS EFFECTIVE FEBRUARY 2014

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

C6: DEVELOPS ACTIVITIES/EDUCATIONAL INTERVENTIONS IN THE CONTEXT OF DESIRABLE PHYSICIAN ATTRIBUTES (E.G., IOM COMPETENCIES, ACGME COMPETENCIES)

- A. **Filling in the box below**, briefly tell us how you *typically* develop CME activities/learning interventions as they *generally* apply to your overall CME program activities. (Do not include documents.) **Before you begin, please see B below, which asks for specific examples from two activities planned and implemented.**

1. 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 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 were designed to address?
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?
6. (C2) What populations of health care providers were activities designed to address?
7. (C5) How does the CME program determine the educational formats* to be used for its CME activities?
8. (C6) How are CME activities/interventions developed to address desirable physician attributes (e.g., ABMS competencies)?

* 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, and standardized patients.

B. **Filling in the boxes below, briefly** describe the components of your program planning process as they were ***specifically*** applied to ***two*** different CME activities. (Do not include documents.)

Activity 1		
TITLE:	DATE:	TYPE of ACTIVITY:
1. (C2) Describe the gap in professional practice that the activity sought to close?		
2. (C2) What were the learners' educational needs(s) (e.g., competence, performance) underlying or causing the identified problem/gap in practice?		
3. (C3) What was the CME activity/intervention designed to change?		
5. (C 11-related to C 2 and C 3) How did you determine whether the intended change(s) occurred?		
6. (C 5) How was the format of the activity appropriate for the setting, objectives and desired results of the activity?		
7. (C 6) What desirable physician attribute(s) (e.g. ABMS competencies) were associated with this activity?		

Activity 2		
TITLE:	DATE:	TYPE of ACTIVITY:
1. (C2) Describe the gap in professional practice that the activity sought to close?		
2. (C2) What were the learners' educational needs(s) (e.g., competence, performance) underlying or causing the identified problem/gap in practice?		
3. (C3) What was the CME activity/intervention designed to change?		
5. (C 11-related to C 2 and C 3) How did you determine whether the intended change(s) occurred?		
6. (C 5) How was the format of the activity appropriate for the setting, objectives and desired results of the activity.		
7. (C 6) What desirable physician attribute(s) (e.g. ABMS competencies) were associated with this activity?		

OPTIONAL: If additional information is needed to adequately describe how you apply Criteria 2, 3, 5, 6 and 11 to program planning, you may describe the planning of additional educational activities. Additional information should provide the MSV with DIFFERENT INFORMATION or DIFFERENT STRATEGIES, compared to the two examples above, that the CME program used to address Criteria 2, 3, 5, 6 and 11.

Does your organization plan Regularly Scheduled Series? Yes No

If yes, because providers use various methods to plan and ensure regularly scheduled series (RSS) comply with accreditation policies and Criteria, to help the MSV better understand your practices regarding RSS please complete the following:

Please check the statement that is most applicable to your CME program:

Who plans Regularly Scheduled Series?

- All RSS are planned and presented at the hospital department level.
- Every session of every RSS is planned and presented by the CME department.
- Some RSS are planned by the CME department and some are planned at the hospital department level. Please specify which RSS are planned directly by the CME department and those planned by hospital departments:

If needed, please explain:

How are Regularly Scheduled Series planned?

- Each *session* of every series is intended to address a different practice gap/health care problem.
- Several sessions of RSS are intended to address a related practice gap/health care problem. (For example, several sessions address infectious disease to deal with the issues of hospital-acquired infection in the hospital.)

If needed, please explain:

How does the CME program ensure RSS comply with accreditation standards?

- The CME program uses a monitoring system. For example, sources of data and sampling strategies, checklists, reports, etc., are collected and analyzed for compliance of Regularly Scheduled Series with program planning, the Standards for Commercial Support of CME (C2-3, C5-10); and changes in learners (C11) resulting from RSSs.

OR, for each annual series:

- The CME program has documentation of how each session of every regularly scheduled series was planned (C2-3, C5-C7, SCS1); including documentation of compliance with the Standards for Commercial Support of CME (C7 SCS 2-10); and data generated about changes in learners (C11).

If needed, please explain:

- C. **Describe** the mechanism used to records and verify physician participation for at least six years from the date of a CME activity.

TAB 2: INSERT (behind divider 7-Documents) an example of the information or report your CME program produces to record and verify CME participation for an individual participant.

SECTION 4: STANDARDS FOR COMMERCIAL SUPPORT 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. List below the names of organizations with which you have jointly provided CME activities and briefly **describe** each, e.g., St. Edward’s General Hospital - nonprofit hospital. (C 7, SCS 1.2)
If you do not jointly provide CME, check here:
- 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** how your organization resolved up to two conflicts of interests of individuals with control over content (e.g., speakers, planners) to prevent commercial influence in learning activities/educational interventions (SCS 2.3). Include the activity title, type (e.g., course, RSS) and date.

- E. Under rare circumstances, an accredited provider might choose to develop activities or jointly provide activities that include the presentation of discovery, research or new knowledge by employees of ACCME-defined commercial interests. When that happens, it is important to demonstrate that there are mechanisms in place that provide appropriate safeguards to the independence of the activity. (See <http://www.accme.org/ask-accme/can-accruited-cme-include-oral-presentations-or-written-reporting-scientific-research-eg> for more information on this topic.

If your organization has included employees of ACCME define commercial interests in CME, please:

- Describe** the factors you considered in determining the appropriate role of the employee in planning and/or presenting accredited CME, and
- Describe** the mechanisms implemented to ensure the accredited provider retained complete control of the CME content.
- Describe** the mechanism used to identify and resolve conflicts of interest for everyone in a position to control educational content, e.g., teachers, authors, planners, reviewers, and others who controlled content).

Tab 3A: If applicable, INSERT (behind divider 7-Documents) documents used to help identify conflicts of interests.

Tab 3B: If applicable, INSERT (behind divider 7-Documents) documents used to help resolve conflicts of interests.

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

We do not accept commercial support for any of our directly or jointly provided CME activities.

- E. During the current accreditation term have there been occasions when decisions regarding the disposition and disbursement of commercial support were not made by the provider? For example, direct payment from a commercial interest was paid directly to a program director, planning committee members, teachers, to a facility for rental, or to a restaurant or caterer for a meal provided during an educational meeting. (SCS 3.1, 3.3, 3.9)

Yes No

If yes, please explain:

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

Yes No

If yes, please explain:

Tab 4: INSERT (behind divider 8-Documents) your written policies and procedures on Commercial Support of CME

Do your policies on Commercial Support of CME:

- G. Address the governing of honoraria and out of pocket expenses for planners, teachers and authors? (SCS 3.7) Yes No If no, please explain:

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

- H. State that honorarium and expenses must be made in compliance with the provider's written policies and procedures? (SCS 3.8) Yes No If no, please explain:

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

- I. Indicate that no other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider or any others involved with the supported activity? (SCS 3.9) Yes No If no, please explain:

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

- J. 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, **highlight and mark as SCS 3.10** where your policies address SCS 3.10.

- K. 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:

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

- L. **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)
- M. 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:

- N. 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:

- O. **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)
- P. **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 (i.e., there is no commercial bias). (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[†].

- Q. **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.

- R. **Describe** the information that is disclosed to learners.

- S. **Describe** your organization's process(s) 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)

[†] 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 (CRITERIA 11-13)

C11: ANALYZES CHANGES IN LEARNERS (COMPETENCE, PERFORMANCE, OR PATIENT OUTCOMES) ACHIEVED AS A RESULT OF THE OVERALL PROGRAM'S ACTIVITIES/EDUCATIONAL INTERVENTIONS.

C12: 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.

C13: 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 THE ABILITY TO MEET THE CME MISSION.

C 14 AND 15: REMOVED FROM THE ACCREDITATION REQUIREMENTS EFFECTIVE FEBRUARY 2014

PART 1: Accreditation Self-Study Analysis and Improvement

NOTE: Information, such as learners' reported preferred topics, times, format and location for CME activities may help identify participants' preferences, but are not an assessment of how well the CME program met the expected results as articulated in the mission statement. Instead, summary data that shows reported changes in practice, evidence based changes in practice, and changes in patient care are examples of data used to determine the effectiveness of the CME program in meeting its expected results.

All CME providers are expected to have data on changes in learner's competence, performance, and/or patient outcomes resulting from their CME activities and to use that data to conduct an evidence-based self-assessment on the degree to which the expected results of their CME mission has been met.

- A. Based on data and information from your program's activities/educational interventions, **provide** your analysis of changes achieved in your learners' competence, performance, or in patient outcomes. (C11)
- B. State the expected results of your CME program as listed in your mission statement. Then, based on data and information gathered, **provide** your program-based analysis on the degree to which the expected results of your CME mission has been met through the conduct of your CME activities/educational interventions. (C12)
- C. **Describe** the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) required to improve on your ability to meet your CME mission. (C13)

Tab 5A: If available, INSERT (behind divider 7-Documents) summary evaluation data or information supporting your analysis. (The summarized information may be provided, for example, in a report, outline, table or some over format and should not be over 10 pages in length.)

Tab 5B: If available, INSERT (behind divider 7-Documents) a report, meeting minutes or other documentation of an analysis on the degree to which the expected results of your CME program has been met through the conduct of CME activities/educational interventions. (The analysis should not be over 10 pages in length.)

PART 2: Continuous Program Analysis and Improvement

- D. Not considering the current analysis conducted as part of your self-study (A-C above) during the current accreditation term did the CME program conduct other assessments of the CME program? (C12)
 Yes No
If yes, complete E through H.
- E. How frequently was the CME program assessed during the current term?
- F. If, during the current accreditation term, needed or desired changes were *identified* to improve the ability of the CME program to meet its mission, please **describe**: (C13) If not, check here:
- G. If, during the current accreditation term, needed or desired changes required to improve the ability of the CME program to meet its mission were *planned*, please **describe?** (C13) If not, check here:
- H. If, during the current accreditation term, needed or desired changes required to improve the ability of the CME program to meet its mission were *implemented*, please **describe?** (C13) If not, check here:

NOTE: The criteria for commendation are currently being further developed by the ACCME. Changes implemented by the ACCME will be integrated into the MSV Accreditation program.

NOTE: The information gathered through your responses to C16-22 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 7 or, 2) you may complete all or part of 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

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** (that should include at least two) in your description of explicit organizational practices that have been implemented. (C16)
- B. If non-educational strategies[‡] 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** (that should include at least two) 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** (that should include at least two) 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** (that should include at least two) 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** (that should include at least two) 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** (that should include at least two) 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)

[‡] “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 - Section 7. Refer back to specific questions for clarification of the item(s) needed.

<i>Index Tab</i>	<i>Document</i>	<i>Reference</i>
	SECTION 1. ADMINISTRATION	
1	CME policies and procedures table of contents	Administration
	SECTION 3. PROGRAM PLANNING	
2	The information or report your CME program produces to record and verify CME participation for one individual participant.	Record Retention
	SECTION 4. STANDARDS FOR COMMERCIAL SUPPORT (CRITERIA 7-10)	
3A	If applicable, documents used to help <i>identify</i> conflicts of interests	Standards for Commercial Support
3B	If applicable, documents used to help <i>resolve</i> conflicts of interests	
4	Policies and procedures on commercial support of CME.	Standards for Commercial Support
	SECTION 5. EVALUATION AND IMPROVEMENT	
5A	If available, <u>summary</u> evaluation data supporting your analysis. (The summary should not be over 10 pages in length.)	C 11-13
5B	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.	

REMINDER: Place the self-study report and all the attachments in a **1 ½ maximum** (ring diameter), three-ring binder or some other mechanism of binding.