

SELF-STUDY FOR CONTINUED ACCREDITATION

Instructions and Outline

[For Surveys Conducted after November 1, 2019]



MSVSM

MEDICAL SOCIETY OF VIRGINIA

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Richmond, Virginia 23294
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Please read the [entire](#) self-study form before entering your responses.

11/2012
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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. Self study reports are *due two months in advance of the survey date*.
- 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, 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 Amy Swierczewski at aswierczewski@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 a [Performance in Practice Structured Abstract Form](#) to organize the selected files for review.

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) in [electronic files](#) on a flash drive. If you plan to submit your activity files electronically, please inform Amy Swierczewski at aswierczewski@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 23-38) (C 16 – C22 are no longer available for use for surveys conducted after November 1, 2019)
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. 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 **2 months before your schedule survey/interview**. 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.
- B. 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 Amy Swierczewski, CME Intrastate Accreditation
2924 Emerywood Parkway, Suite 300
Richmond, VA 23294

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:
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.

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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:

- a) **Describe** the factors you considered in determining the appropriate role of the employee in planning and/or presenting accredited CME, and
- b) **Describe** the mechanisms implemented to ensure the accredited provider retained complete control of the CME content.
- c) **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 other 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.

Accreditation with Commendation

The information gathered through your responses to C23-38 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.

For *Accreditation with Commendation*, your organization must demonstrate compliance with any seven criteria from any category – plus one criterion from the Achieves Outcomes category – for a total of eight criteria.

Are you seeking Accreditation with Commendation? Yes No

Section 6: Engagement with the Environment (Criteria 23 - 38)

The size of your CME program will determine the number of activities for which you must submit evidence/examples for several of the criteria as indicated in the information that follows. Please indicate the size of your CME Program based on the number of CME activities that your CME program has offered in the current accreditation term:

S (small) < 39 M (medium) 40 – 100 L (large) 101 – 250 XL (extra large) > 250

CATEGORY: Promotes Team-Based Education (C23 – C25)

C23 Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

1. If your organization engages members of interprofessional teams in the planning and delivery of interprofessional continuing education, by checking the box below you attest to the following:
I attest that our organization has met the Critical Elements for Criterion 23 in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check this box to attest

2. **Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2, medium: 4, large: 6, x-large: 8).

For each example activity you present, please provide the name/date/type of activity and describe the professions of the planners and faculty, as well as a brief description of what the activity was designed to change in terms of competence or performance of the healthcare team.

C24 Patient/public representative are engaged in the planning and delivery of CME.

1. If your organization engages patient/public representatives in the planning and delivery of CME, by checking the box below, you attest to the following:
I attest that our organization has met the Critical Elements for Criterion 24 in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check this box to attest

2. **Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2, medium: 4, large: 6, x-large: 8).

For each example activity you present, please provide the name/date/type of activity and describe in what way the planners and presenters of the activity represent the patient or public along with the role they played in the planning/presentation of your CME activity.

C25 Students of the health professions are engaged in the planning and delivery of CME.

1. If your organization engages health professions' students in the planning and delivery of CME, by checking the box below, you attest to the following:

I attest that our organization has met the Critical Elements for Criterion 25 in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check this box to attest

2. **Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2, medium: 4, large: 6, x-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the health professions' students involved in the activity, including their profession and level of study (e.g. undergraduate medical student, nurse practitioner students, residents in general surgery, etc.) and how they participated as planners and faculty of the activity.

CATEGORY: Addresses Public Health Priorities (C26-28)

C26 The provider advances the use of health and practice data for healthcare improvement.

1. **Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2, medium: 4, large: 6, x-large: 8).

For each example activity you present, please provide the name/date/type of the activity and for each activity, describe how the activity taught learners about collection, analysis or synthesis of health/practice data AND how the activity used health/practice data to teach about healthcare improvement.

C27 The provider addresses factors beyond clinical care that affect the health of populations.

1. If your organization addresses factors beyond clinical care that affect the health of populations, by checking the box below, you attest to the following:

I attest that our organization has met the Critical Elements for Criterion 27 in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check this box to attest

2. **Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2, medium: 4, large: 6, x-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the strategy or strategies used to achieve improvements in population health.

C28 The provider collaborates with other organizations to more effectively address population health issues.

1. If your organization collaborates with other organizations to more effectively address population health issues, please describe four collaborations with other healthcare or community organizations during the current accreditation term and describe how each collaboration augmented your organization's ability to address population health issues.

C29 *The provider designs CME to optimize communication skills of learners.*

1. **Submit Evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2, medium: 4, large: 6, x-large: 8).

For each example activity you present, please provide the name/date/type of activity and describe the elements of the activity that were designed to improve communication skills. In addition, please describe the evaluation of communication skills used for learners in this activity. Include your examples in [Tab 6A – C29 Formative Feedback Example](#) for each activity of the formative feedback provided to a learner about communication skills (this may be a written description if the feedback was provided verbally).

C30 *The provider designs CME to optimize technical and procedural skills of learners*

1. **Submit Evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2, medium: 4, large: 6, x-large: 8).

For each example activity you present, please provide the name/date/type of the activity. Describe the elements of the activity that addressed technical or procedural skills and how you evaluated the observed technical or procedural skills of the learners. For each activity described, attach an example of the formative feedback provided to a learner about technical or procedural skills (this may be a written description if the feedback was provided verbally). Include your examples in [Tab 6B – C30 Formative Feedback Example](#) for each activity.

C31 *The provider creates individualized learning plans for learners*

1. Please provide a description of the types of individualized learning plans you have offered.
2. Submit evidence of repeated engagement and feedback for the number of learners that match the size of your CME program, as stated in the Standard (small: 25, medium: 75, large: 125, x-large: 200). [Tab 6C – C31 Repeated Engagement and Feedback](#).

C32 *The provider utilizes support strategies to enhance change as an adjunct to its CME.*

1. If your organization utilizes support strategies to enhance change as an adjunct to its CME, by checking the box below, you attest to the following:

I attest that our organization has met the Critical Elements for Criterion 32 in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check this box to attest

2. **Submit Evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2, medium: 4, large: 6, x-large: 8).

For each example activity, please provide the name/date/type of the activity and describe the support strategy(ies) that were adjunctive to this activity. Provide your analysis of the effectiveness of the support strategy(ies) and describe planned or implemented improvements.

CATEGORY: Demonstrates Educational Leadership (C33-35)

C33 *The provider engages in CME research and scholarship*

1. Describe at least two scholarly projects your organization completed during the accreditation term relevant to CME and the dissemination method used for each one (e.g. poster, abstract, presentation, manuscript).
2. For each project described, submit as an attachment the project itself (e.g. poster, abstract, presentation, manuscript). [Tab 6D – C33 Scholarly Project](#)

C34 *The provider supports continuous professional development (CPD) of its CME team*

1. Describe your organization's CME team, the continuous professional development needs that you identified for the team during the term of accreditation and the learning plan implemented based on the needs identified, including the activities external to your organization in which the CME team participated.

C35 *The provider demonstrates creativity and innovation in the evolution of its CME program*

1. Describe (4) examples of innovation implemented in the evolution of your CME program during the accreditation term and how it contributed to your organization's ability to meet your mission.

CATEGORY: Achieves Outcomes (C36-38)

C36 *The provider demonstrates improvement in the performance of learners*

1. If your organization demonstrates improvement in the performance of learners, by checking the box below, you attest to the following:

I attest that our organization has met the Critical Elements for Criterion 36 in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check this box to attest

2. **Submit Evidence** for at least 10% of your activities (but no less than two)

For each example, please include the following:

- Activity Title
- Activity Date
- Activity Type
- # of learners that participated in the activity
- # of learners whose performance was measured
- # of learners that improved their performance
- Method(s) used to measure change in performance of learners
- Attach data (qualitative or quantitative) that demonstrates improved performance in the majority of learners. [Tab 6E – C36 Learner Performance Improvement Data](#)

C37 *The provider demonstrates healthcare quality improvement*

1. If your organization demonstrates healthcare quality improvement related to its CME program, please:
 - A. Describe at least two examples in which your organization collaborated in the process of healthcare quality improvements, along with the improvements that resulted.
 - B. Attach data (qualitative or quantitative) that demonstrates those improvements [Tab 6F – C37 Healthcare Quality Improvement Data](#)

C38 *The provider demonstrates the impact of the CME program on patients or their communities*

1. If your organization demonstrates healthcare quality improvement related to its CME program, please:
 - A. Describe at least two examples in which your organization's collaboration in the process of improving patient or community health that includes CME, along with the improvements that resulted.
 - B. Attach data (qualitative or quantitative) that demonstrates those improvements. [Tab 6G – C38 Patient/Community Improvement Data](#)

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.	
	SECTION 6. ENGAGEMENT WITH THE ENVIRONMENT	
6A	C29 Formative feedback example	C29
6B	C30 Formative feedback example	C30
6C	C31 Repeated engagement and feedback	C31
6D	C33 Scholarly Project	C32
6E	C36 Performance of Learners Improvement Data	C36
6F	C37 Healthcare Quality Improvement Data	C37
6G	C38 Patient/Community Improvement Data	C38

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.