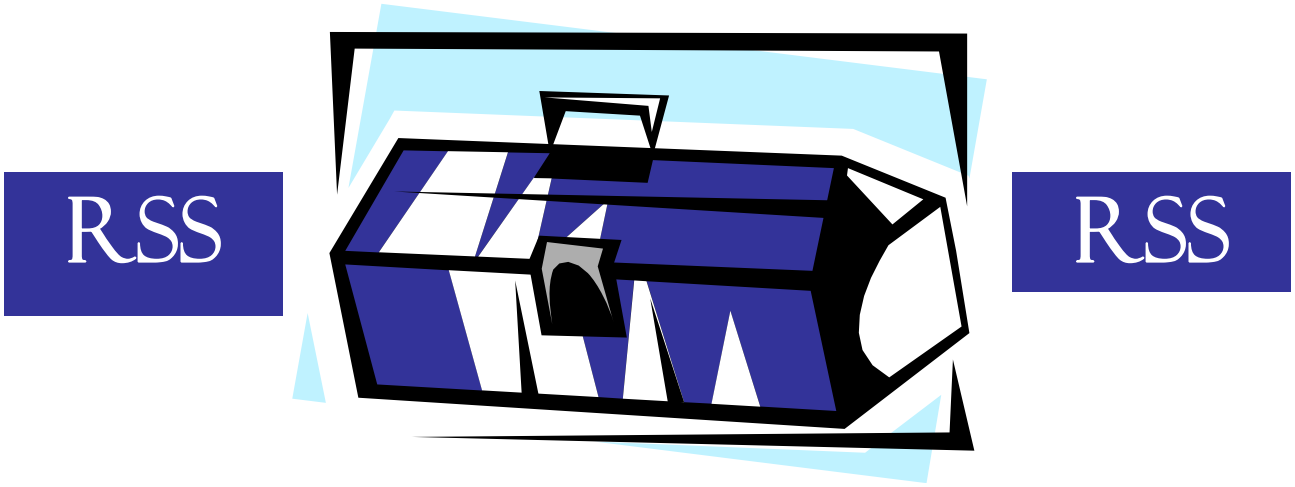

TOOLS TO SUPPORT IMPLEMENTATION OF A MONITORING SYSTEM FOR REGULARLY SCHEDULED SERIES

DEVELOPED BY
THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION
DECEMBER 2005; UPDATED JANUARY 2008

DATE: January 2008

TO: Colleagues in Continuing Medical Education

FROM: Murray Kopelow, MD, MS(Comm), FRCPC

ACCME Chief Executive

RE: Revised Tools to Help Providers Implement Monitoring Systems for Regularly Scheduled Series (RSS)

In 2003, ACCME adopted a new approach to the accreditation of providers offering Regularly Scheduled Series (RSS) that would allow providers to use more of their resources to support learning and change rather then meeting accreditation documentation requirements. Since the 2003 release of the ACCME's original RSS Toolkit, the ACCME's accreditation requirements for providers have changed. The ACCME's Updated Accreditation Criteria, released in September 2006, outline new and important expectations of providers that must be incorporates into regularly scheduled series.

The point of it all: Regularly Scheduled Series are a 'Bridge to Quality'

It is critical to contemporary continuing medical education and current ACCME policy that regularly scheduled series not simply be a large number of didactic lectures on single subjects. RSS account for about 40% of the accredited CME in the US. As such they constitute an important opportunity for learning and change and are a key component of any strategy aimed at the improvement of professional practice (Criterion 16). Providers must base RSS on the professional practice gaps of their learners (Criterion 2). ACCME will be looking for verification of this in your monitoring data.

Professional practice gaps can be those of individuals; however, it is more likely that in an institutional setting the gaps will be those of the healthcare team, or system, in which the learners practice. Providers must deduce the educational need that underlies the professional practice gaps (Criterion 2). Why is it that the professionals have this gap? Is it because they do not 'know'? Is it because they do not have an appropriate strategy in place address the problem? Or is it that they know what to do, but that they have not, or cannot, implement it? As such, all RSS must be designed to **make a change** in clinical competence (strategy), performance, or patient outcomes of these learners (Criterion 3) – and they must also be designed to **measure for a change** in clinical competence (strategy), performance, or patient outcomes (Criterion 11). The change can be measured at the level of the individuals or at the level of the community of professionals (including teams). The CME Providers must strive to ensure that RSS are truly practice-based learning and improvement. ACCME will be looking for verification of this in your monitoring data.

Regularly scheduled series provide important opportunities to foster collaboration, to identify and over come barriers to change, to explore beyond the confines of your institution (Criteria 18, 19, 20, and 21). You should be in a position to influence the scope and content of all regularly scheduled series so that these objectives can be realized (Criterion 22). ACCME will be looking for verification of this in your monitoring data.

Providers that produce RSS must ensure that their monitoring systems allow them to assess the extent to which their RSS meet these ACCME's Updated Accreditation Criteria.

The ACCME has revised the examples from its 2005 RSS Toolkit to illustrate how monitoring systems might capture and present data on the extent to which sessions and series meet the ACCME's Updated Accreditation Criteria. This toolkit includes those revised examples along with an updated version of the ACCME's Requirements for RSS Monitoring Systems. These updates are based on the ACCME's Updated Accreditation Criteria. The overall philosophy of structure required of **monitoring systems**, including the use of sampling, has remained unchanged.

This RSS toolkit contains the following materials:

- **Reflecting on the Planning and Implementation of RSS**
  This tool is designed to help providers reflect on the preparation and delivery of RSS.

- **ACCME's Expectations of Providers RSS Monitoring Systems and Reports on Monitoring Systems**
  This document specifies parameters for monitoring systems, including expectations for data collection and reporting.

- **Educational Tools**[1]
  There are three sample "monitoring system reports" presented as illustrations of what the results of a provider's monitoring system might look like.

The ACCME is hopeful that these tools will meet the CME community's needs. The ACCME welcomes your suggestions for additional needed materials. As always, the ACCME appreciates your commitment to quality continuing medical education for physicians.

[1] The ACCME is offering these implementation tools **not** as finite interpretations of its policies, but as **examples** that providers have requested to give them ideas and foundations with which work can continue. Organizations should feel free to adapt these tools to their specific CME programs.

Tools to Support Implementation of a Monitoring System for Regularly Scheduled Series

TABLE OF CONTENTS

PAGE

Reflecting on the Planning and Implementation of Regularly Scheduled Series* (RSS)

A **Regularly Scheduled Series (RSS)** is defined as an activity that is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and 3) are primarily planned by and presented to the accredited organization's professional staff. Examples of activities that are planned and presented as a regularly scheduled conference are Grand Rounds, Tumor Boards, and M&M Conferences. Hospitals, health systems, and medical schools are the types of CME providers that typically offer RSS because each of these organization types has in-house professional staff. RSS are offered as directly sponsored and jointly sponsored activities.

In 2003, ACCME adopted a policy for RSS that allows CME providers that offer RSS to monitor whether or not their RSS are meeting ACCME expectations. The ACCME expects that a CME provider will plan and implement its regularly scheduled conference activities according to its own policies and procedures but in a manner that is in compliance with ACCME's Updated Accreditation Criteria and applicable Policies.

Each CME provider that offers RSS is faced with making decisions about how RSS will be planned, implemented, and evaluated. The questions below offer a perspective for providers to consider when reflecting on the planning and implementation of RSS activities:

1. **How do you <u>organize</u> your RSS?**
   - Is each <u>session</u> one activity?
   - Is each <u>series</u> an activity?
   - Are all <u>RSS together</u> one activity with many components?

2. **What <u>procedures</u> do you use to plan your RSS?**
   - Do you have a yearly planning meeting for all RSS where needs are identified?
   - Do you have applications that RSS planners must complete?
   - Do you have meetings with each group/individual with responsibilities for an RSS activity?

3. **How do you <u>implement</u> your RSS?**
   - Who are the individuals responsible for the implementation of the RSS?
   - Do you have expectations of these individuals? If so, what are they?
   - Do you have guides or templates that are used for implementation?
   - Are there different procedures for different series?

ACCME's Expectations of Systems to Monitor for Compliance in Regularly Scheduled Series (RSS)

Providers that produce Regularly Scheduled Series (RSS), formerly referred to as RSCs, are required to (a) implement monitoring systems that demonstrate their RSS meet the ACCME's Updated Criteria, and (b) provided evidence (e.g., reports) of their monitoring system(s) that meet the following expectations:

1. The ACCME expects that **all** series[2], and **all** sessions[3] within a series, will meet ACCME's Updated Criteria and be in compliance with ACCME Policies[4]. Providers' monitoring systems **must** incorporate, measure and document compliance with Criteria 2 - 11 and applicable ACCME Policies.

2. The provider must collect data and information from all series as a part of its monitoring system. However, data on each Criterion and Policy need not be collected from every series. For example, a CME provider may monitor Series A for meeting Criteria 2 and Series B for meeting Criteria 3.

3. Monitoring data may be derived from either (1) a sample of a provider's sessions or (2) from all sessions. However, if sampling is used, it must be applied consistently for 10% to 25% of the sessions within each series across the whole accreditation term.

4. A provider must analyze the data and information and determine if the RSS has met ACCME's Criteria 2 - 11 and the applicable ACCME Policies. A provider must also analyze the data and information for Criteria 16 - 22 (in consideration of Accreditation with Commendation) if it chooses to monitor these criteria. A provider would indicate that an RSS has met a Criterion or is in compliance with an ACCME Policy if its monitoring system indicates performance, as outlined in the Criterion or Policy, is achieved in 100% of the sample.

The Provider will report whether or not it has met Criteria 2 - 10 and is in compliance with the applicable ACCME Policies within the self study report.

RSS *These points of reporting are indicated throughout the self study outline with this special RSS icon.*

If monitoring system data indicate that performance within the sampled series or sessions did not meet one of Criterion 2 - 10 or an applicable ACCME Policy, then the provider must:

a) identify the problem and describe it in **VIII-F** of the self study outline (related to C13),
b) describe the implemented improvements in **VIII-G** of the self study outline (related to C14), and
c) describe the impact of the implemented improvements in **VIII-I** of the self study outline (related to C15).

[2, 3] An RSS course is an educational activity that is presented as a ***series*** of meetings which occur on an ongoing basis (e.g. weekly, monthly, or quarterly) and is primarily planned by and presented to the accredited organization's professional staff. Examples of RSS ***series*** are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS series is made up of multiple ***sessions,*** or individual meetings, that occur on regular intervals.

[4] In addition to monitoring the extent to which the RSS meet ACCME's Updated Accreditation Criteria, RSS Monitoring Systems should monitor the extent to which the RSS meet ACCME Policies on 1) the **Accreditation Statement**, 2) **Records Retention** as it relates to **Physician Participation**, and 3) **CME Content and Content Validation**

EXAMPLE #1
City Hospital's Monitoring System

Background
City Hospital recently decided to reinstitute RSS into its CME program. RSS had not been approved by the City Hospital CME program for a few years due to insufficient staff support, and lack of physician participation. Two years ago, the hospital engaged in strategic planning and decided to make education an organizational imperative. This led to a re-organization of the CME department, a revitalization of the CME Committee, and greater organizational resources for RSS.

City Hospital began monitoring its RSS on an annual basis, and then made adjustments to monitor some series on a more frequent basis, based on its first year's monitoring system's results.

The CME department held training sessions for all personnel who would be involved in RSS. CME personnel distributed a CME manual, demonstrated how to use the on-line CME application, and set dates for follow-up meetings with each department.

City Hospital currently has five regularly scheduled conferences: Pediatric Grand Rounds, Internal Medicine Grand Rounds, Surgery Grand Rounds, OB-GYN Grand Rounds and Tumor Board. Each series meets 10 times per year so there are 10 sessions in each series.

How City Hospital Plans its RSS
City Hospital applies a consistent planning process that is specific to RSS. The planning process begins with a descriptive on-line application that consists of a planning worksheet and supportive documentation. Applications are completed by departments that wish to offer RSS as CME activities. CME staff offer support to the individual department staff completing the applications. The application (i.e., planning worksheet) requires that a department describe and provide documentation that supports the ACCME's Accreditation Criteria, including the Standards for Commercial Support. The application asks applicants to identify:

- The target audience for the activity.
- The learners' professional practice gap the activity will address (documentation required) (C2).
- If the need, based on the gap, is a need in knowledge, competence, or performance (C2).
- How the activity matches the learners' scope of practice (C4).
- Desired results of activity (only options are changes in competence, performance, or patient outcomes). (C3, C5)
- Objectives of activity
- Format of activity and how the format supports the objectives and desired results (C5).
- Description of how changes in learner's competence, performance, or changes in patient outcomes will be evaluated (C11).
- Proposed Faculty
- One or more ACGME/ABMS or IOM competencies that are associated with the activity content (C6).
- Plans for seeking commercial support.
- How the activity promotes improvements in healthcare (C10).

Department personnel and CME staff work together to ensure that each RSS is developed and presented independent of commercial interests. No direct or indirect influence from commercial interests is permitted. CME staff also support department personnel on the production of promotional pieces to ensure the correct accreditation statement is used. CME staff oversee the implementation of mechanisms to identify and resolve conflicts of interest and to ensure that disclosure to the learners occurs appropriately (C7). In addition, the CME office ensures that commercial support is managed properly and that all signed letters of agreement are secured (C8). As a part of this support, budgets and income and expense statements are developed and reconciled to ensure that honoraria and expenses are appropriate, according to City Hospital Policies.

City Hospital's RSS do not include advertising or exhibits (C9).

How City Hospital Monitors its RSS

City Hospital monitored a sampling of at least 20% of sessions within each of its five series. City Hospital utilized the following methods to collect data on its RSS' compliance with ACCME Criteria:

- review of planning worksheets and materials (i.e., meeting minutes, needs data)
- review of promotional pieces and review of activity materials (i.e., slide copies, handouts)
- review of evaluation methods and results
- review of budgets, income and expense statements, and written agreements along with list of commercial supporters (list is attached)
- review of mechanism to verify physician participation
- review of list of planners and speakers, their disclosed relevant financial relationships, if applicable, and mechanisms used to identify and resolve any conflicts of interest.

At the end of its academic year after its first year of implementing its RSS monitoring system, a RSS Task Force met to review the above data sources, analyze the data and drew conclusions about the successes of the RSS in meeting ACCME's Criteria. The conclusions reached were based on the ACCME's Criteria. Based on the conclusions, the Task Force formulated recommendations to the full CME committee for programmatic changes. The table on the following pages represents the findings, conclusions, and improvements made or planned as a result of the implementation of the monitoring system after one year of City Hospital's use of an RSS monitoring system.

COMMERCIAL SUPPORTERS OF CITY HOSPITAL'S RSS

Pediatric Grand Rounds
ABC Pharmaceuticals
National Drug Company

Internal Medicine Grand Rounds
XYZ Pharmaceutical Company

Surgery Grand Rounds
Best Devices, Inc.
Universal Instrument Company
New Tomorrow Catheter Company

OB-GYN Grand Rounds
ABC Pharmaceuticals
National Drug Company

Tumor Board
No commercial supporters

City Hospital RSS Analysis

1 What is monitored	2 The Provider's monitoring method	3 The Provider's description and analysis of the data collected	4 The Providers analysis	5 The Provider's action plan and/or improvements implemented
C2 (professional practice gap and need)	Review of planning worksheet, samples of needs data, and minutes from end of year review from **Pediatric** and **Internal Medicine** Grand Rounds.	Completed planning worksheets from both series showed that the planner incorporated educational needs underlying their learner's professional practice gaps into their series'. Attachments to the planning worksheet offers verification of the professional practice gap and underlying needs.	Met Criteria	Ask both departments to share the techniques they used to identify practice gaps with the other departments hosting RSS.
C3 (activity designed to change performance, competence, or patient outcomes, based on mission statement)	Review of planning worksheet from **Surgery** and **OB-GYN** Grand Rounds	Completed planning worksheets from both series showing that the planners designed their activities to change competence, performance, or patient outcomes.	Met Criteria but can improve	We will work with planners to more clearly understand the differences between competence, performance, and patient outcomes. We will sample these 2 series next year to see what changes have been made.
C4 (content matches learners' scope or potential scope of practice)	Review of planning worksheets from **all** series	Needs and evaluation data from 2 sessions of each series were collected. Data for all five series were similar in that each department chose subjects from their learners' current scope of practice. This was achieved by relying predominantly on patient care cases seen during the last year. The five most frequently seen conditions were chosen as the primary content to be covered.	Met Criteria	We will review evaluation data at the end of the year to compare topics to national trends (i.e.; leading journals, national specialty meetings).

C5 (format appropriate to setting, objectives, and desired results)	Review of **Tumor Board** and **Surgery** Grand Rounds	Completed planning worksheet and promotional material were reviewed as a means to determine that that both series used delivery methods appropriate for their objectives and desired results.	Met Criteria but can improve	We thought the Departments may be interested in being more creative from an educational methodology perspective. We brought them together to discuss their options. Both departments are interested in trying more interactive learning methods in their series. We will try these next year.
C6 (activity developed in context of desirable physician attributes)	Review of planning worksheet from **Pediatric** Grand Rounds	Completed planning worksheets from this series illustrated to us that of all desired physician attributes, only those clinically-oriented competencies were applied.	Met Criteria but can improve	We are planning a faculty wide workshop on the integration of CME into QI. We will also use this time to discuss IOM and ACGME competencies other than "clinical skills" which match our organizations QI process. All series will be included in this and all series will be monitored for changes next year.
C7 (activity decisions made free of commercial interests, conflicts of interest are identified and resolved, relevant financial relationships are disclosed)	From **Internal Medicine** and **Surgery** Grand Rounds: For SCS 1: Review of planning worksheet and minutes of planning meetings. For SCS 2: Review of lists of disclosed relevant relationships and processes implemented to resolve COI. For SCS 6: Review of disclosure information presented to learners.	For SCS 1: Planning meeting minutes provided us with data to ensure content decisions were made independent of commercial interests. For SCS 2: Planning meeting minutes along with conflict of interest information provided by the faculty showed that the process was applied. For SCS 6: Planning meeting minutes, participant handouts, moderator attestation, and "disclosure" slide copy showed that the appropriate disclosure took place.	Met Criteria	Departments will continue to plan their activity independently of any commercial supporter, obtain and report disclosure information from faculty and planners, and resolve conflicts of interest as appropriate.

C8 (commercial support is managed appropriately)	Review of planning documents, budgets, income and expense statements, meeting materials and written agreements from each series except **Tumor** Board.	Financial statements illustrated to us that commercial support was appropriately managed. Signed letters of agreement, however, were not present for 3 of 10 Internal Medicine sessions and 4 of 10 of OB-GYN Grand Rounds. Income and expenses summaries indicated faculty were paid in accordance with honorarium policy.	Initially, did not meet Criteria After intervention, met criteria	Internal Medicine and OB-GYN were notified that current practices did not meet expectations. We met with planners in those departments to review our policies and procedures then discussed the need for corrective actions. We also shared practices from the other departments used as an example hat did meet this Criterion. We worked more closely with the IM and OB-GYN departments. Our most recent review of files from the departments (the last 3 sessions with commercial support) demonstrated that signed letters of agreement are now being maintained. Copies are forwarded to the CME department on a regular basis. We will continue to monitor the written agreement process for each session and, along with a representative of each department, report back to the CME Committee quarterly.
C9 (promotion neither influences planning or interferes with learning)	Review of planning documents, budgets, income and expense statements, meeting materials and written agreements from **Pediatric** and **OB-GYN** Grand Rounds	Review of the planning worksheet show that neither series offer promotional opportunities	Met Criteria	We will continue asking about any planned promotion associated with CME activities in the planning worksheet.
C10 (content promotes healthcare improvements and not proprietary interests)	Review of the planning worksheet, meeting minutes, slide copies, and/or handouts from three sessions from **Internal Medicine** and **Surgery** Grand Rounds.	Planning materials and presentation handouts indicated that content promotes improvements in healthcare and not proprietary interests of any commercial interest.	Met Criteria	Monitoring of this Criterion will continue. We also plan to conduct periodic department in-services on this component of the SCS.
Content Validity Value Statements	Review of the planning worksheet, meeting minutes, slide copies, and/or handouts from three sessions of **Internal Medicine** and **Surgery** Grand Rounds.	Planning materials and handouts were used as a means to review content. The content complied with ACCME's content validation statements.	In Compliance with Policy.	We will continue to share expectations for valid content with each department so they can share these expectations with planners and speakers.

C11 (change in learners is analyzed)	Review of the collection of evaluation tools from **all** series and annual review meeting minutes.	Each department offering an RSS provided information on what they did to analyze change in learners resulting from their series. Three departments used questionnaires asking the learners to report changes they plan to make in their practice. The tabular data showed that 35% or more of learners reported they would make changes in their practice. Two departments used a different approach by incorporating the organizations quality improvement process into their evaluation analysis. Positive change in physician performance and patient outcomes were observed in a review of QI data.	Met Criteria	RSS departments will meet periodically to share evaluation methods, results, and planned improvements. The integration of evaluation and CME into QI will also be addressed in these meetings.
Learner Participation	Review of mechanism used by **all** departments.	Verification of physician participation is maintained electronically. When a physician arrives at the RSS session, he/she signs in with the registrar of the meeting. The registrar enters the physician into the Access Database the hospital has developed to track attendance. The system can generate a record of physician participation upon request.	In Compliance with Policy.	No improvements planned.
Accreditation Statement	Review of activity promotional pieces from **Tumor Board**	Flyers were collected to verify the use of the correct accreditation statement.	In compliance with policy	We went back and got more data from a few of the sessions from other series. The results were the same: we adhere to the Policy. We now feel comfortable that our sample from Tumor Board was sufficient to make judgments about the whole program of RSS.

EXAMPLE #2
ABC Medical School Monitoring System Report

Background

Prior to the implementation of ACCME's RSS policy, ABC Medical School had already decided to begin monitoring its RSS through a system separate from its internal RSS application process. The materials staff and CME Committee members reviewed, as part of the monitoring system included the RSS CME Application, which was supported by (1) planning meeting minutes; (2) letters to faculty; (3) flyers; (4) written agreements for commercial support; (5) evaluation tools; (6) moderator notes; and (7) other evidence that disclosure occurred, if disclosure was not done verbally (slide copies; syllabus materials, etc). In addition, staff and CME Committee members audited via up to 3% of each session from each series over a two-month period.

ABC's Monitoring System

ABC Medical School's planning processes supported its ability to monitor its successes at meeting some Criteria **at the series level.** ABC Medical School monitored the SCS at the **session** level, to help ensure it had the necessary documentation to verify it met ACCME's expectations.

The following two tables represent the initial, or baseline analysis of the data collected from our RSS at the **series level**. This analysis was based on reviews of planning, meeting materials, and evaluation methods at the **series** level. Each series is planned and implemented as one activity.

RSS Series Monitoring Analysis - Baseline	Name of Series and # of Sessions sampled	C 2	C 3	C 4	C 5	C 6	IN SUPPORT OF C 11
	Tumor Board (3)	Y		Y		N	N
	M & M Conference (2)		N		Y		N
	Surgery Grand Rounds (2)			Y	Y		N
	Internal Medicine Grand Rounds (3)	N	N	Y	Y	N	Y
	Pediatric Grand Rounds (2)		N				N
	Psychiatry Grand Rounds (2)			N			Y
	Cardiac Cath Conference (2)	Y	Y	Y	Y	N	Y

The following table represents the initial, or baseline analysis of the data collected from RSS at the **session level** that included reviews of budgets, income and expense statements, written agreements, moderator notes, slide copies and handouts, flyers, and letters to faculty.

RSS Series Monitoring Analysis - Baseline	Name of Series and # of Sessions sampled	C 7 (SCS, 1, 2, 6)	C 8 SCS (3)	C9 (SCS 4)	C10 (SCS 5)
	Tumor Board (3)	N			Y
	M & M Conference (2)	Y		NA	Y
	Surgery Grand Rounds (2)	Y	N	NA	Y
	Internal Medicine Grand Rounds (3)	N	N		
	Pediatric Grand Rounds (2)	Y	N	NA	Y
	Psychiatry Grand Rounds (2)	N	N		
	Cardiac Cath Conference (2)	N			Y

CONCLUSIONS – REGARDING BASELINE RSS' OBSERVATIONS:

A review of our baseline data revealed that our planning processes for several RSS series would not meet ACCME's Criteria. While applications had been approved for the series, there was little to no back-up for those applications to support the extent to which we met Criteria 2 – 6 and 11. We noticed that there was little evidence of what planning process was used and how needs data were used. In addition, evaluation of the effectiveness of the activities had not occurred in several series. In the others, only change in knowledge had been evaluated.

Regarding Criteria 7-10 on the SCS, there seemed to be a systemic problem with obtaining or maintaining signed agreements for commercial support and documenting that disclosure occurred.

IMPROVEMENTS MADE AFTER BASELINE CONCLUSIONS

One of the first improvements made was to change the RSS application form so that more information and materials on the planning process would be collected upfront. This enabled us to be more confident that we were meeting Criteria 2 - 6 and 11. We also provided training sessions for the CME coordinators involved with each department's series to help ensure they understood ACCME requirements. We then began auditing sessions to ensure that disclosure did occur. In addition, we decided we needed to sample more sessions from all series considering the problems noted with Criteria 7-10. We also revised the evaluation form used.

ABC's Monitoring – Year 1

ABC utilized the same construct for a monitoring system in Year 1. The materials staff and CME Committee members reviewed, as part of the monitoring system included the RSS CME Application, which was supported by (1) planning meeting minutes; (2) letters to faculty; (3) flyers; (4) written agreements for commercial support; (5) evaluation tools; (6) moderator notes; and (7) other evidence that disclosure occurred, if disclosure was not done verbally (slide copies; syllabus materials, etc).

RSS Series Monitoring Analysis – Year 1	Name of Series and # of Sessions sampled	C 2	C 3	C 4	C 5	C 6	C 11
	Tumor Board (4)		Y		Y		
	M & M Conference (4)	Y	Y	Y	Y	Y	
	Surgery Grand Rounds (4)	Y	Y	Y		Y	
	Internal Medicine Grand Rounds (6)	Y			Y		
	Pediatric Grand Rounds (4)	Y	Y	Y			Y
	Psychiatry Grand Rounds (4)	Y	Y	Y		N	Y
	Cardiac Cath Conference (4)						

RSS Series Monitoring Analysis – Year 1	Name of Series and # of Sessions sampled	C7	C8	C9	C10
	Tumor Board (4)	Y	Y		Y
	M & M Conference (4)				Y
	Surgery Grand Rounds (4)	Y	Y		Y
	Internal Medicine Grand Rounds (6)	Y	N		Y
	Pediatric Grand Rounds (4)	N			
	Psychiatry Grand Rounds (4)	N	Y		
	Cardiac Cath Conference (4)	Y	Y		Y

CONCLUSIONS – REGARDING YEAR ONE RSS':

We were pleased to see that these changes resulted in considerable improvements. The sporadic problems that did occur were handled by the CME Committee chair and series department. Disclosure problems were detected from observation. Disclosure was occurring, but not properly. The moderators in two series were only announcing the name of the faculty member who disclosed a relationship. The type of relationship and the name of the company were not announced.

IMPROVEMENTS MADE AFTER YEAR ONE:

We developed a script for moderators to use that included exactly what needed to be disclosed to the audience and the CME coordinator from each department is responsible for ensuring that the CME department receives a copy of the script. It was noted that most problems with obtaining compliance had been addressed. Multiple needs data sources for each RSS were expected to be submitted with each application. The CME Manager worked with each department to decide which series focused on physician performance or patient health status changes so that objectives and evaluations could be structured accordingly. Each series flyer was approved by the CME Manager to ensure that the objectives clearly articulated the physician performance or health status change that should be impacted as a result of the activity.

ABC's Monitoring – Year 2

RSS Series Monitoring Analysis – Year 2	Name of Series and # of Sessions sampled	C 2	C 3	C 4	C 5	C 6	C 11
	Tumor Board (2)	Y		Y		Y	Y
	M & M Conference (2)		Y		Y		
	Surgery Grand Rounds (2)						
	Internal Medicine Grand Rounds (2)		Y	Y		Y	Y
	Pediatric Grand Rounds (2)			Y		Y	
	Psychiatry Grand Rounds (2)		Y		Y		
	Cardiac Cath Conference (2)						

RSS Series Monitoring Analysis – Year 2	Name of Series and # of Sessions sampled	C7	C8	C9	C10
	Tumor Board (2)	Y			Y
	M & M Conference (2)	Y	Y		Y
	Surgery Grand Rounds (2)	Y			Y
	Internal Medicine Grand Rounds (2)				
	Pediatric Grand Rounds (2)	Y	Y		Y
	Psychiatry Grand Rounds (2)	Y			
	Cardiac Cath Conference (2)		Y		

CONCLUSIONS – REGARDING YEAR TWO RSS:

We were very excited to see that our monitoring system revealed we had met the Criteria throughout our RSS activities. Our efforts to ensure we met expectations resulted in much success. Our training for CME coordinators continues, which we believe has contributed to meeting the Criteria for all RSS (Criterion 14).

PLANNED IMPROVEMENTS FOR YEAR 3:

We plan to add training sessions for physicians involved in the planning and presentation of RSS. We have noticed some turnover in the group of physicians who normally are involved so we think it is prudent to provide for training for new and experienced physicians involved in our CME program. We plan to maintain our observations to help ensure that our scripts for moderators are being used consistently and that there are no problems with disclosure (Criterion 14).

LEARNER PARTICIPATION:

Verification of physician participation is maintained in a database. When a physician attends an RSS session, he/she completes an evaluation form that asks for the physician's name. When the evaluation forms are submitted to the CME office, a CME coordinator enters the name of the physician into the record of the CME activity. If a physician needed the CME office to verify participation, we could run a report that would include the physician's name, activity title, date of activity, and hours of participation.

COMMERCIAL SUPPORTERS OF ABC MEDICAL SCHOOL'S RSS' – ALL YEARS

Pediatric Grand Rounds
- ABC Pharmaceuticals
- National Drug Company

Internal Medicine Grand Rounds
- XYZ Pharmaceutical Company

Surgery Grand Rounds
- Best Devices, Inc.
- Universal Instrument Company
- New Tomorrow Catheter Company

OB-GYN Grand Rounds
- ABC Pharmaceuticals
- National Drug Company

Tumor Board, Psychiatry Grand Rounds, Cardiac Cath Conference
- No commercial support

EXAMPLE #3
East Medical School's Monitoring System Report

East Medical School's Monitoring System assesses the extent to which ACCME's Criteria are met within its RSS program. ACCME's Criteria are used as the reference. East Medical School has used several of ACCME's surveyor tools to help make this assessment.

Our Process

On a yearly basis, a CME staff retreat is held. As part of the retreat, staff reviews files to ensure compliance with ACCME Criteria and Policies. For RSS, staff reviews 10-25% of session files for each of our 15 series. Because the retreat is held annually, we are able to review each year of our term. Of the 15 series, 13 are held weekly (50 sessions) and two are held monthly (10 sessions). The CME director and two CME coordinators complete ACCME's Documentation Review Forms for CME Activities as we reviewed the files.

For the past three years (all years that are included in the current accreditation review) this file review demonstrated that our RSS met ACCME's Criteria 2-11.

We believe our files demonstrate that our RSS meet ACCME's expectations because of the rigorous application process used to approve RSS. East Medical School requires each department or area in the hospital that would like to offer a RSS to submit an RSS CME application form to the CME department. The CME Director reviews each application to ensure compliance with all ACCME Criteria. The application asks applicants to identify:

- The target audience for the activity.
- The learners' professional practice gap the activity will address (documentation required) (C2).
- If the need, based on the gap, is a need in knowledge, competence, or performance (C2).
- How the activity matches the learners' scope of practice (C4).
- Desired results of activity (only options are changes in competence, performance, or patient outcomes). (C3, C5)
- Objectives of activity
- Format of activity and how the format supports the objectives and desired results (C5).
- Description of how changes in learner's competence, performance, or changes in patient outcomes will be evaluated (C11).
- Proposed Faculty
- An ACGME/ABMS or IOM competency that is associated with the activity content (C6).
- Plans for seeking commercial support.
- How the activity promotes improvements in healthcare (C10).

The CME director tentatively approves an application if the information provided describes practices that would demonstrate the extent to which the department would meet ACCME Criteria of the ACCME. The CME director sends a packet of materials, including instructions on implementing mechanisms to identify and resolve conflicts of interest, to the department or area offering the RSS. The department can send out

faculty invitations and confirmation letters, but disclosure forms are returned to the CME department.

Once the CME department receives a disclosure form from RSS planners and faculty, a CME coordinator reviews the form to see if the planner or faculty member disclosed any relevant financial relationships. If any relevant financial relationships are disclosed, the CME director contacts the department offering the RSS to inform them of the need to implement a mechanism to resolve the conflict of interest. Depending on the nature of the conflict, the content of the CME activity and East Medical School's experience with the planner or faculty member, an appropriate mechanism is implemented. In the past, East Medical School uses the following mechanisms to resolve possible conflict of interests in its RSS activities:

1. Letters informing planners and faculty of expectations regarding any recommendations regarding patient care (planners and faculty must agree to abide by these expectations)
2. Letters informing planners and faculty of the need to disclose the level of evidence behind the recommendations given (planners and faculty must agree to abide by this expectation)
3. Review of outlines of presentations
4. Review of slide copies (faculty must make changes if problems are detected)
5. Recusal of planner from activity
6. Removal of faculty from position in activity

In most instances, #1 and #2 were used with success. There have only been a few occurrences when it was decided #3 or #4 was necessary. Only one faculty member was removed from an RSS activity.

The department or area is then required to submit promotional materials to the CME department for review and approval. This process enables the CME department to check for communication of purpose or objectives, use of accreditation statement, and acknowledgement of commercial support (if this is known at the time of printing the piece). The CME department works to make adjustments to the promotional pieces, if necessary.

Planning sheets are required to be submitted on an ongoing basis to the CME department so that the CME director can ensure that all decisions are made free of the control of a commercial interest, compliance with ACCME's content validation value statements, and that the content promotes improvements in healthcare.

The CME department works to secure written agreements if there is commercial support. The written agreements are maintained in the CME office.

A CME coordinator assists each department or area in developing a participant evaluation form so that changes in physician competence are assessed. The form includes disclosure of relevant financial relationships. The form is handed out at the beginning of the session.

Moderator notes are given to the moderator of each RSS session that script the announcements that must be made. It is the practice of East Medical School to disclose relevant financial relationships both verbally and in writing.

Evaluation forms, signed moderator sheets, attendance rosters, and handouts are turned into the CME office no later than 48 hours after a RSS session. As soon as it is available, a copy of the RSS session income and expense statement is sent to the CME department. Attendance, based on the rosters, is entered into the CME department's activity database that allows East Medical School to verify physician participation. An attendance form can be generated as evidence of attendance, if needed.

The database East Medical School uses also allows us to track the content areas of our RSS and other types of activities. This has been helpful to us in the evaluation of the extent to which we have met our CME mission.

Once all documentation is present, the RSS session folder is considered complete. All folders are maintained in the CME department.

Improvements

One area we plan to improve upon is the opportunity for departments to demonstrate that they go beyond meeting the ACCME's Criteria 2-11 and actually support our CME program's success at meeting Criteria 16-22, Criteria for Accreditation with Commendation. We recognized during the review process that our application and monitoring process do not offer good opportunities for us to demonstrate how certain RSS would support Criteria 16-22. We plan on modifying our application and creating a system to allow us to track RSS that we think address these Criteria by integrating CME into the process for improving professional practice (Criteria 16), utilize non-education strategies (C17), identifying factors outside our control that impact on patient outcomes (Criteria 18), remove, overcome or address learning barriers (Criteria 19), and/or are examples of our institution participating within an organizational quality improvement process (Criteria 21).