

CME ACTIVITY FILE CHECKLIST | 2010

This document is intended to serve as a guide to maintaining your CME activity files. It is not intended to be used as the sole means of documentation for your entire program. Not all criteria are addressed in this document. For example, Criteria 13-16 address your overall CME program as a whole and not your individual activities.

Accredited Provider:		Activity Name:		
Accreditation Statement Verified	Yes	No	Activity Type:	
				Live Course
				Enduring Material
		Journal-Based CME		
Sponsorship:	Directly	Jointly	Commercial Support: Yes No	
Joint Sponsor Name:			Activity Date:	
Approved By:			Date Approved:	

NOTE: The *italic* text & examples are simply key concepts to assist you with assessing evidence. The file may show good evidence which differs from the italicized text and examples provided. Please do not feel that you are limited to the examples given.

criteria	Does the activity file evidence verify:	YES	NO	NA	Indicate where the evidence is found (select all that apply and are included from the list below). Provide explanations for "NO" responses or other comments as necessary.
C2	Professional practice gap(s) of your own learners on which this activity was based? <i>Is the gap between current practice/outcomes and desired practice/outcomes explicitly stated or indicated? Did you link the gap to your own learners?</i>				<u>COMMENTS:</u>
C2	The need (knowledge, competence or performance) which underlies the professional practice gap(s)? <i>Did you determine/state the reason for the gap—that is the need of knowledge, competence/strategy or performance to close the gap?</i>				<u>COMMENTS:</u>
C3	That the activity was designed to change physician competence, performance or patient outcomes? <i>Are the goals or objectives of the activity aligned with the identified gap(s)/educational need? Are they competency or performance-based?</i>				<u>COMMENTS:</u>
C4	That the activity matched the learners' current or potential scope of professional activities? <i>Is the content of this activity relevant to the learners' practice, scope or potential scope of activities?</i>				<u>COMMENTS:</u>
C5	That the educational formats are appropriate to the setting, objectives and desired results? <i>Is the selected format choice (live course, skills labs, internet, journal, etc.) for this activity appropriate and effective for what the provider hopes to achieve? Is there evidence of thoughtful discussion/consideration regarding format?</i>				<u>COMMENTS:</u>
C6	That the activity was developed in the context of desirable physician attributes (e.g. ABMS, IOM Competencies)? <i>Were competencies considered during the planning process of this activity? If so, which ones were linked to this activity?</i>				<u>COMMENTS:</u>

Examples of evidence to support Criteria: CME planning document * meeting minutes * correspondence * survey * performance measures * research data * guidelines * brochure/flyer * handout * expert opinion * literature review * focus groups * any other sources that the provider may feel are relevant

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criteria	Does the evidence verify:	YES	NO	NA	Indicate where the evidence is found (select all that apply and are included). Provide explanations for "NO" responses or other comments as necessary.
C7 SCS 2.1	A list of ALL individuals involved in developing content of the CME activity as well as their role (planning committee member, CME staff, presenter, etc.)?				ALL individuals must be included, not just presenters/speakers. <u>COMMENTS:</u>
C7 SCS 2.1	That ALL individuals in a position to control the content of the CME activity have disclosed relevant (or lack of) financial relationships to the provider? <i>All individuals reflected on the list above must disclose. It is acceptable to maintain signed disclosures from individuals who participate in multiple activities in a "Disclosure File", but it must be documented that they are on file.</i>				Disclosure forms * summary of disclosure information * other: <u>COMMENTS:</u>
C7 SCS 2.3	The implementation of a mechanism to identify & resolve conflicts of interest prior to the start of an activity? <i>This mechanism needs to be in place, regardless of whether or not it is ever used.</i>				Disclosure information * completed COI form * meeting minutes * faculty correspondence * policies & procedures * other: <u>COMMENTS:</u>
C7 SCS 6.1- 6.2, 6.4- 6.5	That disclosure of relevant (or lack of) financial relationships were made to learners prior to the beginning of the activity?				Syllabus * handout * slides * brochure/flyer * done verbally and recorded in file * other: <u>COMMENTS:</u>
C7 SCS 6.3- 6.5	THAT IF THIS WAS A COMMERCIALY SUPPORTED ACTIVITY, the source of ALL commercial support was disclosed to the learners prior to the activity? <i>This includes 'in-kind' commercial support. 'Disclosure' must not include the use of a trade name or product-group message.</i>				Syllabus * handout * slides * brochure/flyer * other: <u>COMMENTS:</u>
C8 SCS 3.4- 3.6	THAT IF THIS WAS A COMMERCIALY SUPPORTED ACTIVITY, Commercial Support Agreements are present and signed between each commercial supporter and the accredited CME provider.				You must have fully executed Letters of Agreement with any and all commercial supporters which document the terms of support as specified in SCS 3.1-3.6. <u>COMMENTS:</u>
C8 SCS 3.7- 3.13	That income & expense statements for this activity, including receipt and expenditure of commercial support, are present and in compliance with the accredited providers' own policies.				Budget sheet * income/expense sheet * other: <u>COMMENTS:</u>
C11	The data or information generated from this activity regarding changes achieved in learners' competence, performance or patient outcomes? <i>Was this activity evaluated for change in competence, performance or patient outcomes Does this activity file contain an evaluation summary and/or conclusions drawn about the change results? Were there any changes?</i>				Evaluation summary report-analysis * quality/performance measures results * patient outcomes report * patient survey * CME meeting minutes * other: <u>COMMENTS:</u>

<p><i>Additional documentation for those who are pursuing Accreditation with Commendation status. Please note that not every single activity must meet each and every criterion each and every time. You need only complete the ones which apply to this activity. For those that do not apply to this activity, mark 'NA'. Feel free to contact Darcy Renhard: darcy@theoma.org or 503-619-8105 if you have questions.</i></p>					
criteria	Does the evidence verify:	YES	NO	NA	Indicate where the evidence is found (select all that apply and are included). Provide explanations for "NO" responses or other comments as necessary.
C16	<p>The integration of CME into the process for improving physicians' professional practice? <i>Is this a PI activity? Are the desired outcomes states as practice performance outcomes and are they measurable?</i></p>				<p>CME planning document * meeting minutes * correspondence * organization/initiative * PI CME activity * performance or core measurements utilized * other:</p> <p><u>COMMENTS:</u></p>
C17	<p>The use of non-educational strategies to enhance change as adjuncts to the CME activity? <i>Did this activity incorporate follow-up strategies such as chart or patient reminders to enhance or facilitate change?</i></p>				<p>CME planning document * handouts * pre/post announcements on email or intranet * meeting minutes * correspondence * chart reminders * patient reminders * other:</p> <p><u>COMMENTS:</u></p>
C18	<p>The identification of factors outside the providers' control that impact on patient outcomes? <i>Did this activity file demonstrate the provider's knowledge of a patient, system, learner or other cause that would impact patient outcomes? Example: patient non-compliance or system inefficiencies.</i></p>				<p>CME planning document * survey * activity evaluation * overall program evaluation * meeting minutes * correspondence * newsletter * press release * other:</p> <p><u>COMMENTS:</u></p>
C19	<p>That educational strategies to remove, overcome or address barriers to physician change were implemented? <i>Was information incorporated into the content/activity to help learners understand and overcome real or potential barriers to change?</i></p>				<p>CME planning document * meeting minutes * agenda topics * content slides * ARS or survey questions * correspondence * other:</p> <p><u>COMMENTS:</u></p>
C20	<p>Collaboration and cooperation with other stakeholders? <i>Were there internal or external partners? Was this a community or regional effort toward a patient population?</i></p>				<p>CME planning documents * meeting minutes * correspondence * organization/community initiative * announcement * press release * contract * other:</p> <p><u>COMMENTS:</u></p>
C21	<p>Participation within an institutional or system framework for quality improvement? <i>Was QI involved in the planning? Were performance/quality measures used? Was this a patient safety or risk management activity? Was this activity part of an institutional initiative?</i></p>				<p>CME planning documents * meeting minutes * correspondence * QI involvement * other:</p> <p><u>COMMENTS:</u></p>
C22	<p>Positioned to influence the scope and content of activities/educational interventions? <i>Was the accredited provider involved from the start to the end in the planning and control of this activity, including the topic selection?</i></p>				<p>CME planning documents * meeting minutes * correspondence * post-activity survey * post-activity analysis * other:</p> <p><u>COMMENTS:</u></p>