



OUTLINE FOR THE SELF-STUDY REPORT FOR ISMA INITIAL ACCREDITATION

I) Self-Study Report Prologue

- A) **Provide** a brief narrative (maximum 250 words) that tells the history of your continuing medical education (CME) program.
- B) **Include an organizational chart** that shows the leadership and organizational structure of your CME Program.

II) Purpose And Mission (Criterion 1)

- A) **Attach** your CME mission statement.
- B) **Highlight** the expected results of your CME program, articulated in terms of changes in competence, performance, or patient outcomes. (C1)

III) Educational Activities (Criteria 2-7 and Policies)

The next set of items is designed to gather information on your incorporation of the ISMA/ACCME's requirements into your program of continuing medical education.

- A) Tell us the 'story' of how you develop continuing medical education. Pick **two** of your CME activities as examples. Using these examples, within the context of your organization's processes and mechanisms, describe for us all of the steps you went through to create these educational activities and demonstrate:

1.	The professional practice gap that the activities were addressing	(C2)
2.	The educational need(s) that you determined were underlying the gap(s) for your learners	(C2)
3.	What competence or performance or patient outcome the activity was designed to change.	(C3)
4.	<ul style="list-style-type: none"> i. A description of your planning process that is independent of the control of any ACCME-defined commercial interest and the mechanisms implemented to ensure that you, as an initial applicant, retain complete control of the CME content. Relate your description to each element of SCS 1. ii. Under very rare circumstances, an initial applicant might choose to develop activities that include the presentation of discovery, research or new knowledge by employees of ACCME-defined commercial interests. When that happens, it is important that you demonstrate through your description that there are mechanisms in place that provide appropriate safeguards to the independence of the activity. (See http://accme.org/ask-accme/can-provider-allow-oral-or-written-reporting-scientific-research-employee-commercial for more information on this topic.) 	(C7 SCS1)

If your organization is involved in these rare circumstances, please:	
a.) Describe the factors you consider in determining an appropriate role of an ACCME-defined commercial interest employee in planning and/or presenting accredited CME; and	
b.) Describe the mechanisms implemented to ensure independence in these situations.	
5. The mechanism(s) your organization used to a) identify and b) resolve conflicts of interest for everyone in a position to control educational content (i.e., teachers, authors, planners, reviewers, and others who controlled content).	(C7 SCS2)
6. Your organization's process(es) and mechanism(s) for disclosure to the learners of relevant financial relationships of all persons in a position to control educational content.	(C7 SCS 6.1
7. Your organization's process(es) and mechanism(s) for disclosure to the learners of the source of support from commercial interests, including "in-kind" support.	- 6.5)

Initial applicants may also address the following optional items:

8. Your explanation of why the format of the activity you chose was appropriate for the setting, objectives and desired results of the activity	(C5)
9. The desirable physician attribute(s) you associated with the activity	(C6)

B) You may feel that the two examples in Section III **(A)** do not provide you with adequate opportunity to sufficiently describe how you apply the ACCME's requirements in the development of your CME activities. Please feel free, in Section III **(B)**, to provide other examples and descriptions that provide the ACCME with DIFFERENT information or DIFFERENT strategies that were not available in the two examples chosen in Section III **(A)**, above. This is especially important for a description of your implementation of the **ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM**.

Recording and verifying physician participation

- A) Describe** the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities.
- B)** Using the information from one of the example activities in Section III **(A)** or **(B)**, above, **show** the ACCME the information or reports your mechanism can produce for an individual participant.

IV) Regarding your Program of CME, your Educational Activities and the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities (Criteria 8 -9)

- A) **Attach** your written policies and procedures governing honoraria for planners, teachers, and/or authors – or enter here, **“We do not provide honoraria in any form to planners, teachers, and/or authors.”** (C8 SCS 3.7-3.8)
- B) **Attach** your written policies and procedures governing reimbursement of expenses for planners, teachers, and/or authors – or enter here, **“We do not provide reimbursement of expenses in any form to planners, teachers, and/or authors.”** (C8 SCS 3.7-3.8)
- C) **Describe** what policy, procedure, or communications you employ to ensure that all commercial support is given with your organizations full knowledge and approval. (C8 SCS 3.3) or state here, **“We do not accept commercial support for any of our directly or jointly provided CME activities.”**
- D) **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (C8 SCS 3.1) – or enter here, **“We do not accept commercial support for any of our directly or jointly provided CME activities.”**
- E) **Describe** what policy, procedure or communications you employ to ensure that no direct payment from an ACCME-defined commercial interest is given to the director of an activity, any planning committee members, teachers or authors, joint provider, or any others involved in an activity (C8 SCS 3.3; 3.9)
- F) **Describe** the practices or procedures or policies you have implemented to ensure that social events, or meals, at commercially supported CME activities cannot compete with or take precedence over educational events. (C8 SCS 3.11) – or enter here, **“We do not accept commercial support for any of our directly or jointly provided CME activities or enter here, “We do not provide social events or meals for any of our directly or jointly provided and commercially supported CME activities.”**
- G) Do you organize **commercial exhibits** in association with any of your CME activities? If “No,” write in this section, **“We do not organize commercial exhibits in association with any of our CME activities.”** If yes, **describe** how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. (C9 SCS 4.1)
- H) Do you arrange for **advertisements** in association with any of your CME activities? ? If “No,” write in this section, **“We do not arrange for advertisements in association with any of our CME activities.”** If yes, **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: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (C9 SCS 4.2, 4.4)

V) Regarding the Content of your Continuing Medical Education Activities (Criterion 10 and Policy on Content Validation)

A) It is an expectation of the ACCME that,

The content of CME activities does not promote the proprietary interests of any commercial interests. (i.e., there is not commercial bias)

(C10 SCS 5.1)

CME activities give a balanced view of therapeutic options, and that

(C10 SCS 5.2)

*The content of CME activities is in Compliance with the ACCME's content validity value statements**

(Policy on Content Validation)

***ACCME's Policy on Content Validation:** All the 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. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

Describe how your CME activities and your program of continuing medical education ensure that these three expectations are fulfilled (e.g., planning, procedures, policy, monitoring).

VI) Evaluation and Improvement (Criteria 11-13)

- 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) Based on data and information gathered, **provide** your program-based analysis on the degree to which the expected results component of your CME mission has been met through the conduct of your CME activities/educational interventions. *(C12)*

Initial applicants may also address the following optional item:

- 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 that have been identified, planned, and implemented. *(C13)*

VII) Accreditation with Commendation

NOTE: *Initial applicants are not eligible for Accreditation with Commendation, but your organization may choose to respond to either Option A or Option B. The ISMA will give a compliance finding and feedback for evidence submitted for these criteria, but these findings will not affect your organizations' accreditation status.*

The following pages of this outline include the instructions for submitting evidence to demonstrate compliance with the ISMA's Criteria for Accreditation with Commendation. Organizations receiving accreditation decisions through November 2019 may choose Option A or Option B.

Option A includes seven criteria (Criteria 16-22) that demonstrate engagement with the healthcare environment.

Option B provides a menu of 16 criteria (Criteria 23-38) from which initial applicants may select and present evidence for up to but no more than eight criteria (including at least one from "Achieves Outcomes.")

Option A: Engagement with the Environment (Criteria 16-22)

(If your organization chooses Option A – you must describe/demonstrate compliance with all of Criteria 16-22.)

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

Option B: Menu of New Criteria for Commendation (Select Eight from Criteria 23-38)

(If your organization chooses Option B, you must demonstrate compliance with any seven criteria from any category—plus one criterion from the Achieves Outcomes category—for a total of eight criteria. Please do not include descriptions/evidence for more than eight criteria.)

CATEGORY: Promotes Team-Based Education

(C23) If your organization engages members of interprofessional teams in the planning and delivery of interprofessional continuing education, please:

- A) **Attest:** Include the following statement, with the name of your organization and the individual responsible for your CME program.

On behalf of [organization name], 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. [INDIVIDUAL NAME, title]

- B) **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; extra-large: 8)¹.

For each example activity you present, please provide the name/date/type of the 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 the competence or performance of the healthcare team (maximum 250 words per example).

(C24) If your organization engages patient/public representatives in the planning and delivery of CME, please:

- A) Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program.

*On behalf of [organization name], 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) during the accreditation term.
[INDIVIDUAL NAME, title]*

- B) 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; extra-large: 8):

For each example activity you present, please provide the name/date/type of the 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 (maximum 250 words per example).

(C25) If your organization engages health professions' students in the planning and delivery of CME, please:

- A) Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program:

*On behalf of [organization name], 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) during the accreditation term.
[INDIVIDUAL NAME, title]*

¹ Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

- B) 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; extra-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 students, nurse practitioner students, residents in general surgery) and how they participated as both planners and faculty of the activity (maximum 250 words per example activity).

CATEGORY: Addresses Public Health Priorities

(C26) If your organization advances the use of health and practice data for healthcare improvement, please **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; extra-large: 8).

- A) Describe** how your organization incorporates health and practice data into your educational program through teaching about the collection, analysis, or synthesis of

health/practice data AND how your organization uses health/practice data to teach about healthcare improvement.

- B) 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; extra-large: 8).

For each 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 (maximum 250 words per activity description).

(C27) If your organization addresses factors beyond clinical care that affect the health of populations, please:

- A) Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program:

On behalf of [organization name], 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) reported during the accreditation term. [INDIVIDUAL NAME, title]

- B) 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; extra-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 (maximum 250 words per example).

(C28) If your organization collaborates with other organizations to more effectively address population health issues, please **describe** four collaborations with other organizations during the current term of accreditation and **show** how these collaborations augmented your organization's ability to address population health issues (maximum 250 words per collaboration).

CATEGORY: Enhances Skills

(C29) If your organization designs CME to optimize communication skills of learners, please **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; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the elements of the activity that were designed to improve communications skills. In addition, please describe the evaluation of communications skills used for learners in this activity (maximum 250 words per example). For each activity, **attach an example** of the formative feedback provided to a learner about communication skills (this may be a written description if the feedback was provided verbally).

(C30) If your organization designs CME to optimize technical and procedural skills of learners, please **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; extra-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 (maximum 250 words per example). For each activity, **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.

(C31) If your organization creates individualized learning plans for learners, please **submit evidence** of repeated engagement and feedback for the number of learners that matches the size of your CME program, as stated in the Standard (small: 25; medium: 75; large: 125; extra-large: 200).

Please **provide a description** of the types of individualized learning plans that you have offered (maximum 250 words).

(C32) If your organization utilizes support strategies to enhance change as an adjunct to its CME, please:

- A) Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program:

*On behalf of [organization name], 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) during the accreditation term.
[INDIVIDUAL NAME, title]*

- B) 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; extra-large: 8).

For each example activity you present, 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 (maximum 250 words per example).

CATEGORY: Demonstrates Educational Leadership

(C33) If your organization engages in CME research and scholarship, please:

- A) 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, manuscript) (maximum 250 words for each project).
- B) For each project described above, submit as an attachment,** the project itself (e.g. poster, abstract, presentation, manuscript).

(C34) If your organization supports the continuous professional development of its CME team, please **describe** your organization's CME team, the CPD 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 (maximum 500 words).

(C35) If your organization demonstrates creativity and innovation in the evolution of its CME program, please present four examples of innovations implemented and **describe** each innovation and how it contributed to your organization's ability to meet your mission (maximum 250 words per innovation).

CATEGORY: Achieves Outcomes (at least one required)

(C36) If your organization demonstrates improvement in the performance of learners, please:

A) Attest: Include the following statement, with the name of your organization and the individual responsible for the CME program:

*On behalf of [organization name], 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) during the accreditation term.
[INDIVIDUAL NAME, title]*

B) Describe the method(s) used to evaluate learner performance (maximum 500 words).

C) Attach data (qualitative or quantitative) that demonstrates improved performance in the majority of learners.

(C37) 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 improvement, along with the improvements that resulted (maximum 500 words per collaboration).

B) Attach data (qualitative or quantitative) that demonstrates those improvements.

(C38) If your organization demonstrates the impact of its CME program on patients or their communities, please:

A) Describe at least two examples of your organization's collaboration in the process of improving patient or community health that includes CME, along with the improvements that resulted (maximum 500 words per collaboration).

B) Attach data (qualitative or quantitative) that demonstrates those improvements.