

# THE NEW MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

## Part 2

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# In Part 1 We Discussed:

All providers must continue to achieve and retain standard accreditation by demonstrating compliance with the core criteria (C1 – C13).

However, provider engagement with the Commendation Criteria is **optional**.

# ACCREDITATION WITH COMMENDATION

## Option A and Option B



Accredited providers receiving accreditation decisions before **November 2019** had the option to demonstrate compliance with:

**OPTION A:** Current Commendation Criteria (C16-C22) **OR**  
**OPTION B:** New Commendation Menu (C23-C38)

All providers receiving accreditation decisions after **November 2019** would be required to use Option B (*the old will be going away*).



# The Menu Approach



## OPTION B:

16 Criteria divided into 5 categories

You must select 8 criteria:

- Choose 7 from any category
- Choose (at least) 1 from "Achieves Outcomes" category



A provider can address multiple criteria from one category to achieve Accreditation with Commendation using the New Menu



A provider can use the same CME activity, or activities, to demonstrate compliance with the critical elements and standard(s) for multiple criteria from the New Menu





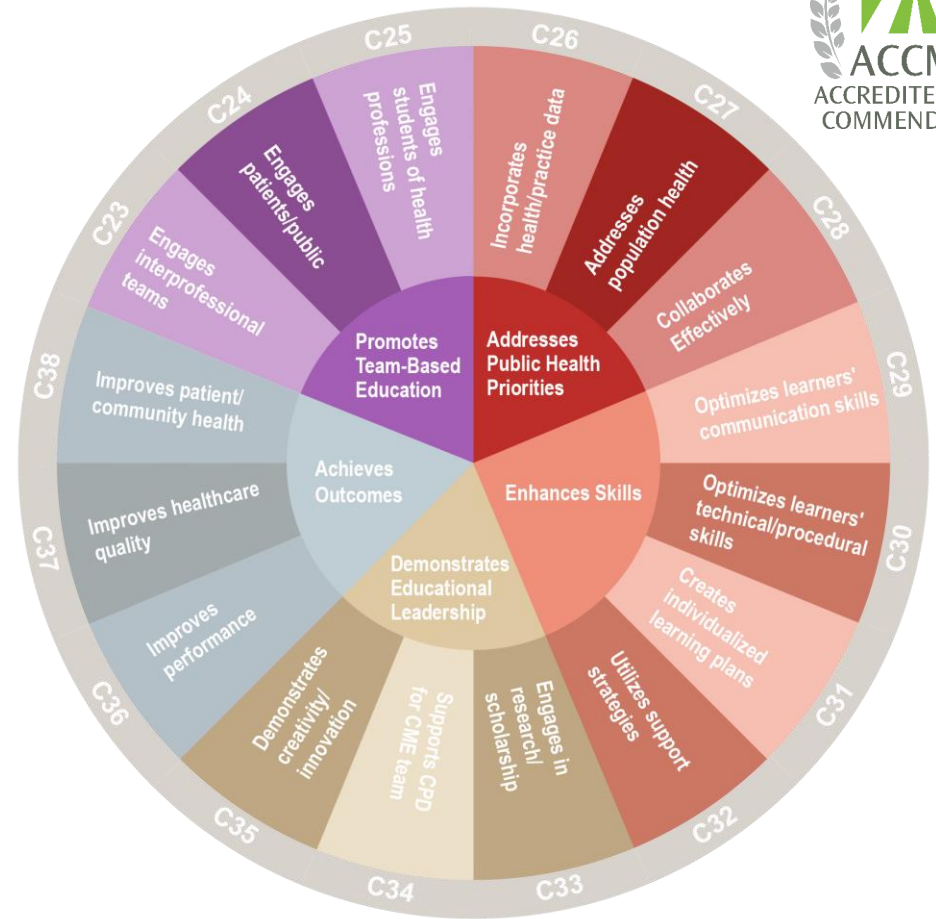
A provider submitting evidence for the New Menu of criteria needs to submit the required # of examples in support of the criteria they have chosen in the form of brief narrative descriptions



**Program Size by Activities per Term:**  
**SM (2); MED (4); LG (6); XL (8)**

Providers will not need to submit activity files to demonstrate compliance with the New Menu of Commendation Criteria.

No additional PIP evidence/information is required for these criteria unless clarification is needed, in which case, the survey interview serves as an opportunity for this.





# NEW MENU

## SUPPORTING INFORMATION

Each criterion is accompanied by supporting information designed to assist CME providers in understanding and meeting the ACCME's expectations:

- **Rationale** for each criterion's inclusion
- **Critical Elements** required to demonstrate compliance
- The **Standard** for measuring compliance

# NEW MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

**\* THIS IS HOW YOU WILL SEE IT BROKEN DOWN IN THE FULL HANDOUT  
CONTAINED IN YOUR PACKET: C23 – C38**

Criterion		Rationale	Critical Elements	The Standard
<b>Promotes Team-Based Education</b>				
C23	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).	Interprofessional continuing education (IPCE) occurs when members from two or more professions learn with, from, and about each other to enable effective interprofessional collaborative practice and improve health outcomes. This criterion recognizes accredited providers that work collaboratively with multiple health professions to develop IPCE.	<ul style="list-style-type: none"> <li>❑ Includes planners from more than one profession (representative of the target audience) AND</li> <li>❑ Includes faculty from more than one profession (representative of the target audience) AND</li> <li>❑ Activities are designed to change competence and/or performance of the healthcare team.</li> </ul>	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C24	Patient/public representatives are engaged in the planning and delivery of CME.	Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CME. This criterion recognizes providers that incorporate patient and/or public representatives as planners and faculty in the accredited program.	<ul style="list-style-type: none"> <li>❑ Includes planners who are patients and/or public representatives AND</li> <li>❑ Includes faculty who are patients and/or public representatives</li> </ul>	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C25	Students of the health professions are engaged in the planning and delivery of CME.	This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, students refers to students of any of the health professions, across the continuum of healthcare education, including professional schools and graduate education.	<ul style="list-style-type: none"> <li>❑ Includes planners who are students of the health professions AND</li> <li>❑ Includes faculty who are students of the health professions</li> </ul>	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8

# **In “Part 1” We Covered the Following Categories:**

- **Promotes Team-Based Education**  
(C23 – 25)
- **Addresses Public Health Priorities**  
(C26 – 28)
- **Achieves Outcomes**  
(C36 – 38)

# In “Part 2” We Will Cover the Remaining Categories:

- **Enhances Skills**  
(C29 – 32)
- **Demonstrates Educational Leadership**  
(C33 - 35)

## A cartoon illustration of a person's legs sticking out of a blue book, with water splashing around them, symbolizing a 'drowning' in knowledge or a 'book bath'. The book is brown with a red bookmark. The background is white with faint, scattered letters. A small watermark 'ISTOCKPHOTO.COM' is visible in the bottom right corner.

# Enhances Skills

[www.accme.org/enhanceskills](http://www.accme.org/enhanceskills)

The provider designs CME to optimize communication skills of learners.

**C29**

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

**C30**

The provider creates individualized learning plans for learners.

**C31**

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

**C32**





## CRITERION 29

The provider designs CME to optimize communication skills of learners.

In order for us to make a real difference in the lives of our patients, not only do we have to practice great medicine and have great competence in being able to do that, but we have to engage those patients. And the way we do that is through communication skills. Verbal, non-verbal, listening and writing skills are all examples of the way in which enhancing communication skills can enhance our care for the patients that we serve. Whether that's with patients, families and teams, or presentation, leadership, teaching, and organizational skills, enhancing those communication skills enhances the ability to provide excellent care.

This criteria recognizes providers that help learners become more self-aware of their own communication skills, and offer training to improve those skills.



- 1) Provides CME to improve communication skills, AND
- 2) Includes an evaluation of observed (i.e., in person or video) communication skills, AND
- 3) Provides formative feedback to the learner about communication skills

## CRITICAL ELEMENTS

You must meet all 3 elements for each activity example provided to be found in compliance with the entire criterion.



# **FREQUENTLY ASKED QUESTIONS**

**IN MEETING  
THE CRITICAL ELEMENTS  
OF THE CRITERIA**

# CRITERION 29 - FAQ

**Does every learner need to be observed and receive feedback?**

Yes - the intent of this criterion is to have the content/format of the activity support the observation of, and feedback to, learners on their communication skills, so that each participant can derive personal value from the activity.

# CRITERION 29 - FAQ

**Is there a prescribed method for feedback to learners?**

No. Feedback can be provided in person or virtually, in writing or orally – and can be provided to the individual learner or to a group (for example during a team simulation).

# CRITERION 29 - FAQ

## **Can observed behavior be self-reported?**

Individuals or groups of learners can self-report and/or self-assess their communication skills, but the accredited provider must also include external observation with feedback to the learner – for example with a faculty member, a peer observer, or a standardized patient.





# EXAMPLE 1

The provider delivered a CME activity that included a live review of the principles and techniques of motivational interviewing. Participants watched a video of a simulated discussion about adherence to medication between a physician and patient. Learners were then paired and took turns practicing with each other and providing each other feedback on their individual implementation. The instructors circulated among the group to listen to interactions and provided tips and pointers.

## Critical Elements

Did the provider plan CME to improve communication skills? AND

**Yes**

Did the provider include an evaluation of observed (i.e., in person or video) communication skills? AND

**Yes**

Did the provider give formative feedback to the learner about communication skills?

**Yes**

Finding: **Compliant**



## EXAMPLE 2

The provider described how they planned a CME activity that was designed to improve patient communication scores for their organization. Results from a patient assessment of care experience the organization conducted internally provided timely and specific feedback of the areas of focus for staff education. The subsequent training focused on learning which behaviors matter most to patients, developing improved clinical communication skills through role plays with peers and standardized patients, and coaching utilizing observation and feedback.

## Critical Elements

Did the provider plan CME to improve communication skills? AND

Yes

Did the provider include an evaluation of observed (i.e., in person or video) communication skills? AND

Yes

Did the provider give formative feedback to the learner about communication skills?

Yes

Finding: **Compliant**

### CRITERION 30

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

Ultimately, many of our interactions with patients are based on technical and procedural skill, whether it's operative skill, procedures, physical examination, specimen preparation, or even things like resuscitation or critical instrument management. These are key skills in how we express our ability to care for patients.

This criteria recognizes providers that offer CME to help learners gain, retain, or improve technical or procedural skills, or become more self aware, and learn or reinforce those skills so they can provide optimal patient care.



- 1) Provides CME addressing technical and/or procedural skills, AND
- 2) Includes an evaluation of observed (i.e., in person or video) technical or procedural skill, AND
- 3) Provides formative feedback to the learner about technical or procedural skill

## CRITICAL ELEMENTS

You must meet all 3 elements for each activity example provided to be found in compliance with the entire criterion.





# **FREQUENTLY ASKED QUESTIONS**

**IN MEETING  
THE CRITICAL ELEMENTS  
OF THE CRITERIA**

# CRITERION 30 - FAQ

**For Criterion 30, the provider designs CME to optimize technical and procedural skills of learners - does this also include non-clinical skills (i.e., quality improvement skills)?**

Yes, if the skill is an observable psychomotor skill that requires expertise and practice.

# CRITERION 30 - FAQ

**If a breakout session addresses technical or procedural skills, but not every learner participates, would the activity meet the criterion?**

Each learner in an activity would be expected to have been observed and given feedback to meet the criterion.



# EXAMPLE 1

The hospital's orthopedic department hired a surgeon with expertise in a novel approach to total hip replacement that was needed for the patients the unit served. The department invested in a new surgical suite, including tables and retractors that are needed for this surgical approach. The department of orthopedics worked with the CME unit to develop a training program incorporating didactic materials. The CME unit helped to schedule visits from other surgeons to the expert's operating room to learn the approach, and then facilitated the expert's supervision of the other surgeons in the unit. The expert surgeon provided one-on-one observation and direct feedback to improve surgical skill and problem solving.

## Critical Elements

Did the provider plan CME addressing technical and/or procedural skills? AND

**Yes**

Did the provider include an evaluation of observed (i.e., in person or video) technical or procedural skills? AND

**Yes**

Did the provider give formative feedback to the learner about technical or procedural skills?

**Yes**

Finding: **Compliant**



## EXAMPLE 2



A provider described collaboration with their emergency preparedness and education committees, and the local fire department to develop training sessions for learners to decontaminate patients exposed to hazards such as chemical, biological, or radiological materials. A CME activity was designed to improve recognition and management of patients exposed to these hazardous materials, and included instructional videos on how to don protective equipment and how to decontaminate a patient. At the end of the year, a full-scale drill involving a hazardous material spill was held. The event brought together multiple agencies to assess the knowledge and use of technology, and provided instant feedback to each group on their ability to don equipment and comply with the decontamination steps they had been taught.

## Critical Elements

Did the provider plan CME addressing technical and/or procedural skills? AND

**Yes**

Did the provider include an evaluation of observed (i.e., in person or video) technical or procedural skills? AND

**Yes**

Did the provider give formative feedback to the learner about technical or procedural skills?

**Yes**

Finding: **Compliant**



## EXAMPLE 3

The provider offers Basic Life Support and Advanced Cardiovascular Life Support activities that are repeated multiple times throughout the provider's term of accreditation. Each activity is a combination of online learning followed by an in-person skills practice and testing. The online session uses a variety of e-Learning formats such as dramatizations and self-directed learning. During the in-person training, participants complete the hands-on session with a voice-assisted manikin which provides real-time feedback on compression depth and frequency, as well as appropriate positioning of pads and use of the defibrillator.

## Critical Elements

Did the provider plan CME addressing technical and/or procedural skills? AND

**Yes**

Did the provider include an evaluation of observed (i.e., in person or video) technical or procedural skills? AND

**Yes**

Did the provider give formative feedback to the learner about technical or procedural skills?

**Yes**

Finding: **Compliant**

### CRITERION 31

The provider creates individualized learning plans for learners.

We all learn best when we're reminded, and when learning is reinforced. An individualized learning plan is a key expression of that principle of human learning.

This criterion really rewards those providers who are able to customize existing curriculum that are individualized for the learners. It will track learners through a curriculum or work with learners to create learning plans that evolve and change, according to the gaps and needs of an individual learner.

Personalized education ultimately should be designed to close professional gaps over time, and in that way, augment their ability to become more self-aware and to address opportunities for growth in their own professional practice.



- 1) **Tracks the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months, AND**
- 2) **Provides individualized feedback to the learner to close practice gaps**

## CRITICAL ELEMENTS

You must meet BOTH elements for each activity example provided to be found in compliance with the entire criterion.



# **FREQUENTLY ASKED QUESTIONS**

**IN MEETING  
THE CRITICAL ELEMENTS  
OF THE CRITERIA**

# CRITERION 31 - FAQ

**If a provider uses an MOC tracking system that helps learners track what they need to maintain their certification & offers suggestions—in effect giving them feedback on gaps for their professional certification—would this meet the spirit of Criterion 31?**

The spirit/intent of C31 is for the provider to develop—with the learner—a learning plan with individualized feedback that will help the learner to address their own personal practice gaps—those areas of knowledge, skill, or performance that need improvement. To that end, a tracking system related to credit or MOC requirements, while useful, would not meet the intent of this criterion. The provider should be able to demonstrate that the learning plan differs meaningfully between learners.



# EXAMPLE 1



A provider developed a leadership-training course to prepare physicians to become leaders and managers by developing their leadership competencies. The twenty-hour course consisted of eight weeks (12 hours) of online instruction and interaction via webinar sessions and course work, followed by a one day (eight hour) in-person session. The coursework was designed to cover leadership, management, communication, finance, and quality improvement. At the start of the course, the participants completed a self-assessment of leadership competencies and developed an action plan with personal goals for participation in the course. Participants identified and conducted a longitudinal leadership project over the course of the program. Projects were designed to address the interests and needs of each participant and to enhance his/her leadership growth. At the end of the course, participants were given a report summarizing feedback from their peers, direct reports, and supervisors with recommendations/ action plan to guide development of his/her leadership skills going forward.

## Critical Elements

Did the provider track the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months? AND

Yes

Did the provider give individualized feedback to the learner to close practice gaps?

Yes

Finding: **Compliant**



## EXAMPLE 2

A provider developed a mentoring/coaching program for physicians whose quality measures had not met organizational expectations. The provider and mentor developed a learning plan to improve performance over a six-month period. The physician met one-one-one with his/her mentor bi-weekly to work on agreed goals for performance improvement. Each month, the mentor/coach provided meaningful feedback and review of the quality measures and provided recommendations. The learner maintained a diary of their efforts and progress.

## Critical Elements

Did the provider track the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months? AND

Yes

Did the provider give individualized feedback to the learner to close practice gaps?

Yes

Finding: **Compliant**

### CRITERION 32

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

Learning is maximized when it's reinforced. There are many ways of doing that, whether you're using reminders, pocket guides, other instructional materials or mobile apps. You are re-engaging the learners and reminding them about what they did, what they planned to do, whether they implemented that, and whether the change that you were hoping to achieve was sustained.

This criteria rewards those providers who are able to demonstrate the effective use of resources to drive and retain learning over time.



- 1) Utilizes support strategies to enhance change as an adjunct to CME activities, AND
- 2) Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements

## CRITICAL ELEMENTS

You must meet BOTH elements for each activity example provided to be found in compliance with the entire criterion.



# **FREQUENTLY ASKED QUESTIONS**

**IN MEETING  
THE CRITICAL ELEMENTS  
OF THE CRITERIA**

# CRITERION 32 - FAQ

**What are examples of how a provider conducts periodic analysis to determine the effectiveness of strategies designed to reinforce or sustain change?**

The provider might evaluate how many learners are accessing support strategies, how many learners are using the reminders and/or patient education materials, or how many learners are logging into networking opportunities post-activity to engage with faculty or other learners.

The provider might survey the learners to find out if the support strategies were helpful in reinforcing change, and if not, what might be more effective/helpful.

# CRITERION 32 - FAQ

**How often does the provider need to conduct a “periodic analysis to determine the effectiveness of the support strategies, and plan improvements?”**

It is up to the provider to determine the most appropriate interval(s) for assessing the effectiveness of its support strategies. The ACCME expects that this assessment would occur at least once for each strategy during the accreditation term. The provider should additionally demonstrate how the support strategy evolved following the analysis.





# EXAMPLE 1

A provider releases an online monthly newsletter to their healthcare clinicians that includes a summary of continuing education activities for that month, and reminders to consolidate the key learning points for each activity. The newsletter also includes links to resources that can be accessed for additional supporting information. The provider ran a quarterly report to analyze the open rate of the emailed newsletter and usage of the links to the supporting information. The provider demonstrated how they altered the design and content of the newsletter over time to boost utility and utilization.

## Critical Elements

Did the provider utilize support strategies to enhance change as an adjunct to CME activities? AND

Yes

Did the provider conduct a periodic analysis to determine the effectiveness of the support strategies, and plan improvements?

Yes

Finding: **Compliant**



## EXAMPLE 2

A provider holds a monthly CME online webinar series on “Hot Topics in Psychiatry.” After each webinar, attendees are invited to participate in an online discussion about the topic of the month utilizing a mobile app. The provider analyzes the participation during the discussion and includes questions to the learners about how to improve the online discussion to gain greater participation and engagement. The provider shows what improvements were made to the questions and cases to facilitate easier engagement and follow-up with the learners.

## Critical Elements

Did the provider utilize support strategies to enhance change as an adjunct to CME activities? AND

Yes

Did the provider conduct a periodic analysis to determine the effectiveness of the support strategies, and plan improvements?

Yes

Finding: **Compliant**

The provider engages  
in CME research and  
scholarship.

**C33**

The provider supports  
the continuous  
professional  
development of its CME  
team.

**C34**

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

**C35**

**Demonstrates  
Educational  
Leadership**

[www.accme.org/educationalleadership](http://www.accme.org/educationalleadership)

### CRITERION 33

The provider engages in CME research and scholarship.

One of our defining characteristics as a community is our ability to learn from each other and avoid making the same mistakes repeatedly.

The way in which we study our work, measure its outcomes, and share the results with each other is scholarship.

This criterion is designed to encourage organizations to measure their work and revere it in a scholarly environment to allow us to achieve great outcomes and construct the most efficient educational approaches for the community that we serve.



- 1) **Conducts scholarly pursuit relevant to CME, AND**
- 2) **Submits, presents or publishes a poster, abstract or manuscript to or in a peer-reviewed forum**

## CRITICAL ELEMENTS

You must meet BOTH elements for each activity example provided to be found in compliance with the entire criterion.



# **FREQUENTLY ASKED QUESTIONS**

**IN MEETING  
THE CRITICAL ELEMENTS  
OF THE CRITERIA**



# CRITERION 33 - FAQ

**Does the CME team have to construct, lead, and analyze the research, or can another group within the accredited provider's organization take the lead?**

The CME team does not have to take the lead on the management of the research project. However, the research must be related to the effectiveness of and/or best practices in CME.

# CRITERION 33 - FAQ

**Does this criterion require that our publication or presentation be accepted in a peer-review process or just that we submit it for publication/presentation?**

The results of the research from at least two distinct projects must be developed into a form that is suitable for sharing with the community, and have each been submitted to a peer reviewed forum. Acceptance for publication/presentation is not necessary to demonstrate compliance.

# CRITERION 33 - FAQ

**Can the research be qualitative in nature?  
For example, about the learners' perceptions of effective educational formats?**

Yes, research can be qualitative, quantitative, or both.

**Qualitative data** describes qualities or characteristics. It is collected using questionnaires, interviews, or observation, and frequently appears in narrative form.

**Quantitative data** are used when a researcher is trying to quantify a problem, or address the "what" or "how many" aspects of a research question. It is data that can either be counted or compared on a numeric scale.

# CRITERION 33 - FAQ

**How does the ACCME define “peer-reviewed forum” for sharing scholarly pursuits relevant to CME?**

The ACCME considers a “peer-reviewed forum” to be a mechanism for the dissemination of research related to the effectiveness of CME, in which there is a vetting process that assures that the material being presented is evaluated for its scientific merit by peers in educational research.

Examples include peer-reviewed journals or research-focused conferences. Examples of forums we do not consider to be peer-reviewed are newsletters, social media posts, and discussion boards.



# EXAMPLE 1

A provider conducted research over a two-year period that measured the responsiveness of care teams to a variety of incentives designed to promote quality improvement practices at the facility. The results of the study were submitted for publication in a peer-reviewed journal for the clinical specialty.

## Critical Elements

Did the provider conduct scholarly pursuit relevant to CME? AND

**Yes**

Did the provider submit, present or publish a poster, abstract or manuscript to or in a peer-reviewed forum?

**Yes**

Finding: **Compliant**



## EXAMPLE 2

A recent survey of learners revealed that many appeared to prefer to engage in asynchronous learning (using recorded webinars) rather than live activities. One of the faculty from the provider's CME Committee began a research study to characterize the basis of these apparent changes in learning preference and describe how learning resources could be better deployed to meet their educational needs. The result of the study was submitted and accepted as a presentation at the annual conference for CME providers in the state.

## Critical Elements

Did the provider conduct scholarly pursuit relevant to CME? AND

Yes

Did the provider submit, present or publish a poster, abstract or manuscript to or in a peer-reviewed forum?

Yes

Finding: **Compliant**



### CRITERION 34

The provider supports the continuous professional development of its CME team.

Just like we work passionately to support the development of our clinician community, we should have the same passion in our own work to develop our skills as educators, change agents, and data analysts.

This criterion is designed to support team development in the Continuing Professional Development (CPD) world, connect you with a diverse range of educational approaches and activities that are going on all across the country, and help to connect you with each other, so that you're learning from each other and working toward the best possible CPD program that you could create.



## CRITICAL ELEMENTS

You must meet all 4 elements for each activity example provided to be found in compliance with the entire criterion.

- 1) **Creates a CME-related continuous professional development plan for all members of its CME Team, AND**
- 2) **Learning plan is based on needs assessment of the team, AND**
- 3) **Learning plan includes some activities external to the provider, AND**
- 4) **Dedicates time and resources for the CME Team to engage in the plan**



# **FREQUENTLY ASKED QUESTIONS**

**IN MEETING  
THE CRITICAL ELEMENTS  
OF THE CRITERIA**

# CRITERION 34 - FAQ

**Do you consider the faculty in our programs to be part of the CME team? Would activities that help our teachers be better teachers (i.e., faculty development) count for this Criterion?**

If some of your faculty are functioning as members of your CME team, then providing education and support for them on how to be more effective educators or educational leaders would be considered continuous professional development of your team.

# CRITERION 34 - FAQ

## **Does continuous professional development for the CME team have to be directly related to CME?**

**For example, your CME Unit includes staff who are not involved in planning/implementation, but are involved in the meeting planning aspect of CME. These staff are members of professional organizations for meeting planners (not specific to CME) and are all in the process of achieving certification in meeting planning. Would this be sufficient?**

If meeting planning staff are part of your CME team, then education/training for them about how to be more effective meeting planners would fulfill the expectation of continuous professional development for Criterion 34.



# EXAMPLE 1

A review of evaluations from learners indicated a need for archived versions of live CME activities that learners were unable to attend. The CME unit was not up to date on the requirements for enduring materials and they also did not have the equipment to record live activities. The CME team developed a nine-month plan to implement enduring materials for their learners. CME staff learned about and installed a content and learning management system, and began to record and archive a series of programs for their learner community.

## Critical Elements

Did the provider create a CME-related continuous professional development plan for all members of its CME team? AND

**Yes**

Was the learning plan based on needs assessment of the team? AND

**Yes**

Did the learning plan include some activities external to the provider? AND

**Yes**

Did the provider dedicate time and resources for the CME team to engage in the plan?

**Yes**

Finding: **Compliant**



## EXAMPLE 2



The CME team (CME staff and CME committee) completed a self-assessment on the Menu of Criteria for Accreditation with Commendation with the goal of seeking commendation at the provider's next review. A learning plan was developed and resources budgeted to send one CME staff and one committee member to a workshop to build the capacity and skills needed to help the organization reach its goal. Those that attended the workshop trained the remaining CME staff and committee.

## Critical Elements

Did the provider create a CME-related continuous professional development plan for all members of its CME team? AND

**Yes**

Was the learning plan based on needs assessment of the team? AND

**Yes**

Did the learning plan include some activities external to the provider? AND

**Yes**

Did the provider dedicate time and resources for the CME team to engage in the plan?

**Yes**

Finding: **Compliant**



## EXAMPLE 3

The provider identified the need for better process management and process controls in their unit. The provider developed a streamlined approach for effectively identifying and applying for grants, managing agreements with commercial supporters, and obtaining and resolving conflicts of interest using an online data management system. The provider's staff learned best practices from attending their state medical association's annual training and implemented the improved processes.

## Critical Elements

Did the provider create a CME-related continuous professional development plan for all members of its CME team? AND

**Yes**

Was the learning plan based on needs assessment of the team? AND

**Yes**

Did the learning plan include some activities external to the provider? AND

**Yes**

Did the provider dedicate time and resources for the CME team to engage in the plan?

**Yes**

Finding: **Compliant**

### CRITERION 35

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

**We have the most fun when we're being creative, but sometimes we're most effective when we're innovative and creative at the same time.**

**This criterion is designed to reward organizations that are investing in and working toward being innovative and creative in their education approach - your design, your assessment, your use of technology, or your audience generation.**

**Whatever it is that's innovative for you, tell about it; share it with the community so that we can all grow together.**



- 1) **Implements an innovation that is new for the CME program, AND**
- 2) **The innovation contributes to the provider's ability to meet its mission**

## CRITICAL ELEMENTS

You must meet BOTH elements for each activity example provided to be found in compliance with the entire criterion.



# **FREQUENTLY ASKED QUESTIONS**

**IN MEETING  
THE CRITICAL ELEMENTS  
OF THE CRITERIA**

# CRITERION 35 - FAQ

**Does “new” as it relates to innovation mean new for the current accreditation period?**

Yes. The innovation must be new to the provider’s CME program during the current accreditation term.

# CRITERION 35 - FAQ

**Some of the innovations we have recently instituted are webinars, internet enduring materials and M&M conferences. Would these count?**

Implementing a new format or a series of new formats of activities into your CME program could be considered **one** innovation.

To meet the expectations for Criterion 35 you would need to describe and demonstrate **three additional** innovations, as well as how each of the innovations contributes to your ability to meet your CME mission.



# CRITERION 35 - FAQ

**Do the examples need to be four different innovations or would four examples from three innovations be sufficient (i.e., one webinar, two enduring materials, one M&M conference)?**

Again, implementing a new format or a series of new formats of activities into your CME program could be considered **one** innovation.

To meet the expectations for Criterion 35 you would need to describe and demonstrate **three additional** innovations, as well as how each of the innovations contributes to your ability to meet your CME mission.



# EXAMPLE 1

A provider that had not previously offered accredited education in collaboration with the simulation unit launched an interprofessional simulation-based resuscitation education series. This innovation has allowed the provider to more effectively meet its CME mission by supporting individual learners and teams in the development of skills and enhanced performance.

## Critical Elements

Did the provider implement an innovation that is new for the CME program? AND

Yes

Did innovation contribute to the provider's ability to meet its mission??

Yes

Finding: **Compliant**



## EXAMPLE 2

The provider expanded its ability to meet its learners' needs by developing a better relationship with the learner community. The provider asked clinicians to write a reflective statement about what they learned at the end of each activity, and each month clinicians were asked to indicate one area for professional growth. These statements were retained and episodically reported back to the learner, and used by the provider to understand learning needs. The provider worked with leadership to ensure that this information was used to help clinicians construct an annual educational plan for themselves that was reviewed by each learner's clinical director as part of the annual review process.

## Critical Elements

Did the provider implement an innovation that is new for the CME program? AND

Yes

Did innovation contribute to the provider's ability to meet its mission??

Yes

Finding: **Compliant**



case studies

THIS  
ENDS  
CASE REVIEW

Success  
Growth

Team

Plan  
Vision



## STRATEGIC PLAN

When you get back to your organization, we encourage you to review the criteria with your fellow CME staff and leadership.

Discuss together how the criteria can support your strategic plan and which criteria are achievable and appropriate for your mission and your learners.



ISMA has seven (7) CME providers up for reaccreditation in June 2020, and

Four (4) CME providers up for reaccreditation in November 2020.

Four of these eleven providers currently hold the status of Accreditation with Commendation.





Thus, there is a great deal for these eleven (11) providers to consider moving forward.

Commendation is attainable.....  
but planning ahead is key.

