

CME REACCREDITATION

TIPS 'n' TRICKS

Objectives

- Learn to work smarter, not harder
- Learn the advantages of creating a reaccreditation “timeline” grid
- Learn the documents required for inclusion in your Self Study
- Learn to create a single PDF document using Adobe Acrobat XI
- Learn the importance of assembling a Review Team

Survey.... By show of hands

- Are you going to be preparing your Self Study in:
 - Less than 1 year
 - 1-3 years
 - 3+ years
- Have you been involved in the development of a Self Study before?
 - Yes
 - No

Forms Used in Today's Presentation

- Reaccreditation Preparation "Timeline" Grid
- CME Provider Reaccreditation Application Materials
 - Outline for the Self Study Report
 - Guide to the Process for ISMA Reaccreditation: Overview and Submission Requirements
- Performance-in-Practice Abstract
- Surveyor Report Form

WORKING SMARTER, NOT HARDER



Because.....

Failing to plan is
planning to fail.

The Challenge of Getting Started!

- 1) Establish a reaccreditation preparation “timeline” grid
- 2) Determine what is required to complete your reaccreditation Self Study
- 3) Assemble a Review Team and make stakeholders aware of your project
(Medical Director, CME Coordinator, CME Committee, CMO)
- 4) Stay in communication with the ISMA

1) Establishing a Reaccreditation Preparation “Timeline” Grid

- Start by working backwards
 - When is ISMA Commission on Medical Education meeting?
 - Interview must occur a minimum of 1 month prior to Commission meeting
 - Reaccreditation Application/Self Study must be completed and received in ISMA office a minimum of 3 weeks prior to date of survey/interview
 - Survey must be scheduled, which includes a review of Self Study/PIP materials by assigned surveyors. Potential survey dates must be communicated to Cheryl Stearley.
 - Allow 4 months minimum to complete your Reaccreditation Application/Self Study

FUNCTION	TIMELINE	DESCRIPTION
<p>ISMA conducts NEXT STEPS dialogue with providers imparting information about Reaccreditation Process and sharing pertinent documents</p>	<p><u>Spring:</u> Sept. 22, 2017; 11 am Sept. 28, 2017; 11 am</p> <p><u>Fall:</u> April 10, 2018; 2 pm</p>	<p>Review of:</p> <ul style="list-style-type: none"> • Guide to the Process for ISMA Reaccreditation • Outline for the Self-Study Report for ISMA Reaccreditation • Performance-in-Practice Abstract • Reaccreditation Fees
<p>Spring and Fall 2018, Provider selects date of survey</p>	<p><u>Spring Time Frame:</u> Mar/April/May 2018</p> <p><u>Fall Time Frame:</u> Aug/Sept 2018</p>	<p>Provider must select 2-3 potential dates/times for the survey date.</p> <p><u>Spring:</u> Submit by October 2, 2017 <u>Fall:</u> Submit by April 30, 2018</p> <p>All surveys must be conducted by: <u>Spring:</u> May 4, 2018 <u>Fall:</u> October 5, 2018</p> <p>(1 month prior to Commission Meeting)</p>

FUNCTION	TIMELINE	DESCRIPTION
<p>Spring and Fall 2018, Provider selects date to submit Self Study and Activity Files (PIP)</p>	<p><u>Spring Due:</u> Latest date - April 9</p> <p><u>Fall Due:</u> Latest date – Sept. 10</p>	<p>Providers to submit reaccreditation/ self-study materials to ISMA Office no less than 3 weeks prior to Survey date.</p> <p>If materials are late, a late fee will be charged to provider.</p>
<p>CME Survey</p>	<p>Date and time determined by Provider and ISMA</p>	<p>Two ISMA surveyors and ISMA staff are assigned to conduct the interview. The survey interview will take no longer than 90 minutes. Surveys are typically conducted by conference call.</p>

FUNCTION	TIMELINE	DESCRIPTION
ISMA Commission Accreditation Determination Letter	Provider will receive by <u>Spring</u> : July 6, 2018 <u>Fall</u> : Dec. 7, 2018	All providers will receive an ISMA Accreditation Determination letter within 30 days of the Commission meeting.
Appeal Notification from CME Provider	The ISMA has 120 days to respond	A provider may submit an appeal request after receipt of their CME Accreditation Letter. ISMA reviews and submits appeal decision letter/notification.

2) Determine What is Required to Complete Your Reaccreditation Self Study

Read Reaccreditation Application Materials & Gather Information

Items To Help You Get Started:

- Guide to the Process for ISMA Reaccreditation: Overview & Submission Requirements
- Outline for the Self Study Report for ISMA Reaccreditation
- Accreditation Criteria
- Standards for Commercial Support
- Your last Reaccreditation Application/Self Study
- CME Mission Statement
- Organizational Chart
- Honoraria & Expense Reimbursement Policy
- List of CME Activities provided over course of current accreditation period for performance-in-practice file selection

Guide to the Process for ISMA Reaccreditation



GUIDE TO THE PROCESS FOR ISMA REACCREDITATION AN OVERVIEW AND SUBMISSION REQUIREMENTS

FOR NOVEMBER 2017 AND SUBSEQUENT COHORTS

Overview and Background Information

Conducting Your Self-Study for Reaccreditation

The self-study process provides an opportunity for the accredited provider to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction. The ISMA has specific requirements for the *Self-Study Report* content outline, but the process of conducting a *self-study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process.

Data Sources Used in the Reaccreditation Process

The ISMA's reaccreditation process is an opportunity for each accredited provider to demonstrate that its practice of CME is in compliance with the ISMA's accreditation requirements through three primary sources of data about the provider's CME program:

- 1) the self-study report
- 2) evidence of performance-in-practice, and
- 3) the accreditation interview

Expectations about Materials

Information and materials submitted to the ISMA must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization.

Information and materials submitted for accreditation (self-study report, evidence of performance-in-practice, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).



Data Sources Used in the Reaccreditation Process

- 1) Self Study Report
- 2) Evidence of Performance-in-Practice
- 3) Accreditation Interview

Self Study Report

Provides the ISMA with a narrative:

- Telling the “story” of how you develop continuing medical education
- Describing the processes, policies and practices you follow/have in place to meet Accreditation Criteria and the Standards for Commercial Support

Evidence of Performance-in-Practice

- The ISMA asks providers to select 15 activities from the current accreditation term for which the organization is expected to present evidence of performance-in-practice for review.
- The ISMA's review of evidence of performance-in-practice allows providers to demonstrate compliance with the ISMA's expectations and offers providers an opportunity to reflect on their CME practices.
- Providers are asked to submit examples of each type of activity held (i.e., live, enduring, jointly-provided, journal-based, etc.), including at least 2 activities from each calendar year.
- The Performance-in-Practice Structured Abstract must accompany each activity file and may be downloaded from the ISMA CME OneSource website.

Accreditation Interview

- Organizations are presented with the opportunity to further describe their practices, and provide clarification as needed, in conversation with a team of ISMA surveyors who are colleagues within the CME community and trained by the ISMA.
- Your team of surveyors will meet with you to engage in dialogue via one of the following methods:
 - Conference Call
 - Face-to-face meeting at ISMA headquarters
 - On-site meeting at your organization
- Interviews typically average 90 minutes in length

ISMA Outline for the Self Study Report



OUTLINE FOR THE SELF-STUDY REPORT FOR ISMA REACCREDITATION

**(UPDATED TO INCLUDE OPTION OF SUBMITTING EVIDENCE FOR THE
NEW MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION)**

Please include a Table of Contents for your Self-Study.

I) Self-Study Report Prologue

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

II) Purpose and Mission (Criterion 1)

Enter your CME mission statement with the expected results of your CME program, articulated in terms of changes in competence, performance, or patient outcomes highlighted. (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'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 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. Your explanation of why the format of the activity you chose was appropriate for the setting, objectives and desired results of the activity	(C5)
5. The desirable physician attribute(s) you associated with the activity	(C6)



Introductory Materials

I. Self Study Report Prologue

- Provide a brief history of your CME program
- Describe leadership and organizational structure for your CME program, attaching an organizational flow chart

II. CME Mission (C1)

- Attach or describe your CME mission statement with expected results articulated in terms of changes in competence, performance, and/or patient outcomes.
- Make sure your mission statement reflects what you actually intend to do.

III. Educational Activities (C2-6)

- Tell the story of how you develop CME, selecting TWO of your activities as examples. Using these examples, describe all of the steps you went through to create these educational activities
 - You may address these criteria numerically by activity

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

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.

25th Annual Bridges to the Future Cardiovascular Symposium, October 16, 2015 (Story 1)

Eighteen meetings of the planning committee were held prior to the event, and a wrap up meeting was held after the event to review compiled evaluation forms, review the final financial report, and review topics suggest for the next program.

1. The professional practice gap that the activities were addressing. (C2)

The problem that was identified is the need for continuing education on the current state of the art and science of cardiovascular care. The problem exists because of rapidly evolving developments in cardiovascular care. (C2)

2. The educational need(s) that you determined were underlying the gap(s) for your learners (C2)

Physicians need a better understanding of several sub-specialty areas of cardiology care such as critical care, valve disease, cardiac tests and heart failure care. (C2)

3. What competence or performance or patient outcome the activity was designed to change. (C3)

Physicians need to improve their performance in the care of oncology and adult congenital heart disease patients. The planners noted there are new methods of diagnosis and/or treatment with new medications and new technology. The evaluations from the prior year's program were also used to determine topics for the program. (C3)

4. Your explanation of why the format of the activity you chose was appropriate for the setting, objectives and desired results of the activity (C5)

The format was a full day program with lectures, and case presentations. This program has been held for many years. Physicians' time is blocked for the length of the program so that they can all participate and be exposed to the same information at the same time. The desired result of the activity was to further develop physician competence to

- Or you may address all numerically for Activity #1, and then repeat the process for Activity #2.

CS

Format

The [REDACTED] Activity Planning Worksheets guide the process of determining the most appropriate format. Before choosing the format, however, the Worksheet requires the planning committee identify elements that are instrumental in determining which format to utilize: Will this be team-based learning; what barriers have been identified in both the learner audience and barriers outside the CME department and learners' control; how will these barriers be addressed, mitigated or removed; non-educational strategies to enhance/sustain desired change; collaboration/cooperation with Internal and/or External Stakeholders, who have mutual interest and may help overcome the barriers and/or help close the PPG – building bridges to quality; and which physician attribute(s) are related to this topic and change initiative. Then the planners are required to review the Adult Learning Principles embedded in the Worksheet and identify which ones should be used to optimize learning and change. Additionally, planners are required to identify the objectives of the CME event to support the attainment of the Desired Results. The objectives bridge the gap between the PPG/Need and the Desired Results. The content and format/methodology are then developed around these objectives. Once all of the factors have been identified, then the planners can determine the most appropriate format for the CME activity.

2016 Future of Healthcare

The planning committee, after discussing and documenting each of the above steps, determined the conference would be didactic/lecture in type with 20% interactivity to allow active learning. Q&A with the presenting faculty and problem-based content specific to learners' current needs and experiences were utilized.

Both the Live Monitoring and Aggregate Evaluation, along with CME Evaluation responses indicated that the format was appropriate.

2016 LHP Symposium

The planning committee, after discussing and documenting each of the above steps, determined that the Symposium would be didactic/lecture in type with 20% interactivity. Q&A with the presenting faculty was included as was collaborative learning as this was an IPE event.

Both the Live Monitoring and Aggregate Evaluation, along with the CME Evaluation responses supported the use of this format.

Educational Activities (continued)

- C2: Describe how you identify professional practice gaps
- C2: Describe how the needs are based on those gaps (What do physicians need to be able to do, that they can't do now?)
- C3: Describe your process of designing activities to change competence, performance or patient outcomes
- C5: Describe the rationale you used in the selection of activity format(s).
- C6: Describe desirable physician attributes you associated with the activity (ie, IOM competencies, ACGME competencies, or ABMS MOC)

Educational Activities (continued)

C7: Commercial Support

- SCS-1: Describe your planning process and how you ensure independence from the control of any ISMA-defined commercial interest, and the mechanisms implemented to ensure you, as the accredited provider, retain complete control of: identification of needs, objectives, CME content, selection of planners/speakers/reviewers (all in a position to control content).
- SCS-2: Describe the mechanism you use to identify and resolve personal conflicts of interest for everyone in a position to control educational content.
- SCS-6: Describe your processes and mechanisms for disclosure to learners of relevant financial relationships and commercial support for the activity.

Recording & Verifying Physician Participation

- Describe the mechanism you use to record and verify physician participation for 6 years from the date of your CME activities.
- Using the information from one of the example activities, show the information or reports your mechanism can produce for an individual participant.

IV. Educational Planning (C8) - Commercial Support

- Describe your process for the receipt and disbursement of commercial support (both funds and in-kind support)
- Attach your written policies/procedures governing honoraria and expense reimbursement for planners/teachers/authors. (This is the only **required** policy.)
- Describe how you ensure all commercial support is given with full knowledge and approval.
- Attach an example of a commercial support written agreement.
- Describe your mechanism for ensuring that social events or meals do not compete with or take precedence over educational activities.

Educational Planning (continued)

C9: Commercial Support

- If you organize commercial exhibits in conjunction with CME activities, describe how the exhibitors do not:
 - Influence planning or interfere with the presentation
 - Are not a condition of the provision of commercial support
- If you arrange for advertisements in association with CME activities, describe:
 - How you ensure that advertisements or other product-promotion materials are kept separate from the education
- Describe the process you use to ensure that slides, abstracts and handouts do not contain advertising, logos, trade names or product messages

V. Educational Planning (C10) – Content Validation

- Describe the planning and monitoring you use to ensure that:
 - The content of CME activities do not promote proprietary interests of any commercial interests.
 - Your CME activities give a balanced view of therapeutic options
 - The content of CME activities is in compliance with the ISMA's content validity value statements

***ISMA'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.

VI. Evaluation and Improvement (C11-13)

- C11: Provide an analysis of changes achieved in your learners' competence, performance or patient outcomes; include the supportive data and a summary of the conclusions drawn.
- C12: 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. Be sure to specifically indicate, YES, you have met your mission, or NO, you have not, and identify where you fell short. It's okay to have adverse findings.
- C13: Describe the needed or desired changes in the overall CME program required to improve on your ability to meet your CME Mission. Identify what you have implemented and what has not been implemented, explaining future plans.

Structure of the Self Study Report

- Content is prescribed in 7 Sections
 - 1) Prologue
 - 2) Purpose and Mission (C1)
 - 3) Educational Activities (C2-7)
 - 4) CME Program and Educational Planning (C8-9)
 - 5) Content of Educational Activities (C10 - Content Validation)
 - 6) Evaluation and Improvement (C11-13)
 - 7) Engagement with the Environment (C16 – 22)
- ISMA now requires 3 hard copies and 1 electronic copy
- Performance-in-Practice Activities should be submitted in file or pocket folders, separate from the Self Study binder
- A Performance-in-Practice Abstract should accompany each activity file
- Restudy materials should be submitted no less than three weeks prior to your survey/interview

Performance-in-Practice Abstract

ISMA Performance-in-Practice Structured Abstract

A tool for preparing and demonstrating compliance through performance-in-practice



Instructions: Complete this form for each activity selected for the ISMA's performance-in-practice review. Complete all sections applicable for the activity, and assemble attachments, marking each attachment with the appropriate number. If submitting material electronically, assemble a single PDF file that includes this form and the required attachments with each attachment bookmarked. Submit the abstract/attachments to the ISMA as instructed.

ACCOMME Provider ID: <input type="text"/>	Provider Name: <input type="text"/>	
Activity Title: <input type="text"/>		
Activity Date (mm/YY/yyyy): <input type="text"/>	Activity Type: (Course, RSS, Enduring, etc.) <input type="text"/>	Providership: (Direct/Joint) <input type="text"/>
		Commercial Support Received: (Yes/No) <input type="text"/>

State the professional practice gap(s) of your learners on which the activity was based (maximum 500 words). (C2)	<input type="text"/>
State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)	Knowledge need <input type="text"/>
	Competence need <input type="text"/>
	Performance need <input type="text"/>
State what this CME activity was designed to change in terms of learners' competence or performance or patient outcomes (maximum 50 words). (C3)	<input type="text"/>
Explain why this educational format is appropriate for this activity (maximum 25 words). (C5)	<input type="text"/>

Indicate the **desirable physician attribute(s)** (i.e., competencies) this activity addresses. (C5)

ACCOMME/ABMS Competencies	Institute of Medicine Competencies	Interprofessional Education Collaborative Competencies
<input type="checkbox"/> Patient Care and Procedural Skills <input type="checkbox"/> Medical Knowledge <input type="checkbox"/> Practice-based Learning and Improvement <input type="checkbox"/> Interpersonal and Communication Skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Systems-based Practice	<input type="checkbox"/> Provide patient-centered care <input type="checkbox"/> Work in interdisciplinary teams <input type="checkbox"/> Employ evidence-based practice <input type="checkbox"/> Apply quality improvement <input type="checkbox"/> Utilize informatics	<input type="checkbox"/> Values/Ethics for Interprofessional Practice <input type="checkbox"/> Roles/Responsibilities <input type="checkbox"/> Interprofessional Communication <input type="checkbox"/> Teams and Teamwork

Other Competency(ies) (specify):

For all INDIVIDUALS IN CONTROL OF CONTENT for the activity ...

Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 2. For each individual in control of content, list the name of the individual, the individual's role (e.g., planner, editor, content reviewer, faculty) in the activity, the name of the **ACCOMME-defined commercial interest** with which the individual has a **relevant financial relationship** (or if the individual has no relevant financial relationships), and the nature of that relationship.
(Note: please ensure that when you are collecting this information from individuals, that you are using the most current definitions of what constitutes a relevant financial relationship and ACCOMME-defined commercial interests.) (C7) (SLS 2.1, 2.2, 2.3)

Name of individual	Individual's role in activity	Name of commercial interest	Nature of relationship
Example: Jane Smythe, MD	Course Director	None	—
Example: Thomas Jones	Faculty	Pharma Co. LS	Research grant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(If there are additional individuals in control of content for the activity, please attach a separate page using the same column headings.)

If the activity was COMMERCIALY SUPPORTED ...



Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 8. List the names of the commercial supporters of this activity and the \$ value of any monetary commercial support and/or indicate in-kind support (C8 SCS 3.4-3.6).

Name of commercial supporter	Amount of monetary commercial support	In-kind
Example: XYZ Pharma Company	\$5,000	<input type="checkbox"/>
Example: ABC Medical Device Company		<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

(If there are additional commercial supporters, please attach a separate page using the same column headings.)

ATTACHMENTS/DEMONSTRATION OF EVIDENCE	
Attachment 1	The activity topics/content , e.g., agenda, brochure, program book, or announcement. (ACCME Definition of CME)
Attachment 2	The form, tool, or mechanism used to identify relevant financial relationships of all individuals in control of content. (C7 SCS 2.1). e.g., signed disclosure form or conflict of interest form. Include all planning committee members, presenters, authors, moderators, anyone writing/approving objectives.
Attachment 3	Evidence that you implemented your mechanism(s) to resolve conflicts of interest for all individuals in control of content prior to the start of the activity. (C7 SCS 2.3) <i>If anyone in control of content revealed a relevant financial relationship, what action did you take to resolve the perceived conflict of interest? Include documentation of provider's review, and the individual's agreement to promote only quality or improvements in healthcare and not to promote the specific business of the commercial interest, e.g. signed form, written communication, and/or any additional actions taken.</i>
Attachment 4	The disclosure information as provided to learners about the relevant financial relationships (or absence of relevant financial relationships) that each individual in a position to control the content of CME disclosed to the provider. (C7 SCS 6.1-6.2, 6.5) <i>Proof that disclosure was made to learner prior to the start of the activity, e.g. on slide, syllabus, grid, tabletop sign, or handout. If verbal disclosure was made, provide documentation or attestation from participant.</i>
Attachment 5	The data or information generated from this activity about changes achieved in learners' competence or performance or patient outcomes. (C11) <i>Documentation verifying the activity was evaluated for change, e.g. the summarized evaluations of the overall activity (post evaluation), or the summarized follow-up evaluations, or quality assurance data showing changes in patient outcomes.</i>
Attachment 6	The ACCME accreditation statement for this activity, as provided to learners. (Appropriate Accreditation Statement) <i>The accreditation statement must appear on CME activity materials and brochures distributed by the accredited provider to the learners when specific information, such as presenters and objectives, is included.</i>

If the activity was COMMERCIALY SUPPORTED ...

Attachment 7	The income and expense statement for this activity that details the receipt and expenditure of all of the commercial support. (C8 SCS 3.13) <i>Include copies of payments from commercial supporter(s) made directly to your organization. Also, provide a copy of the budget sheet showing expenditures and a copy of check sent to speaker.</i>
Attachment 8	Each executed commercial support agreement for the activity. (C8 SCS 3.4-3.6)
Attachment 9	The commercial support disclosure information as provided to learners . (C7 SCS 6.3-6.5) <i>Proof that commercial support disclosure was made to learner prior to the start of the activity, e.g. on flyer, slide, syllabus, grid, tabletop sign, or handout. If verbal disclosure was made, provide documentation or attestation from participant.</i>

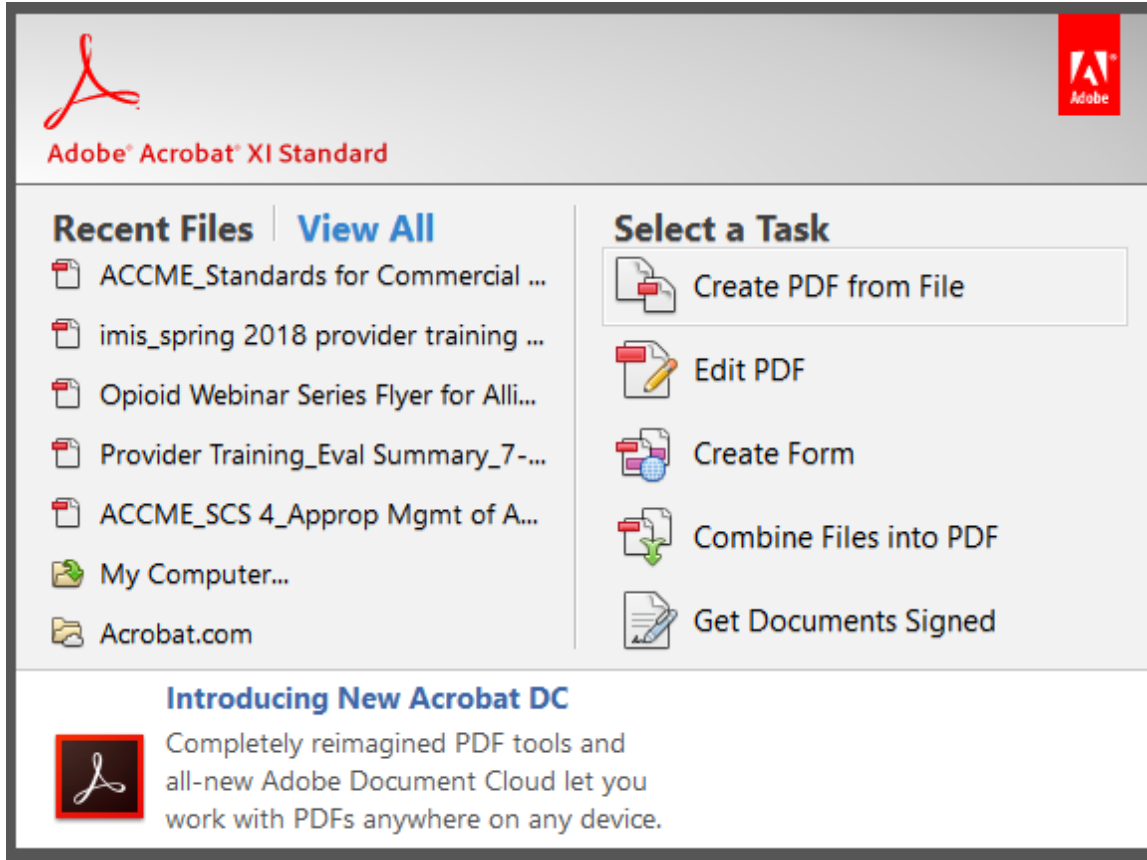
If this activity is an enduring material, internet CME, or journal-based CME...

Attachment 10	The CME product (or a URL and access code – if applicable) with your performance-in-practice..
----------------------	--

PIP Abstract – Tips

- List ALL individuals in control of content for the activity
 - Planning Committee (this includes you as CME staff)
 - Course Director
 - Faculty Speakers
 - Content reviewer
- Attachments/Demonstration of Evidence
 - Program flyer/brochure/announcement
 - 1 signed Financial Disclosure Form– evidence of tool/mechanism used
 - Evidence of any resolutions to identified conflicts of interest
 - Disclosure information/mechanism used to disclose to learners
 - Evaluation Summary
 - Accreditation statement utilized, as provided to learners
 - Commercial Support agreement (if applicable)
 - Commercial Support disclosure mechanism (if applicable)

Assembling a Single PDF Document for Electronic Submission



The screenshot displays the Adobe Acrobat XI Standard interface. At the top left is the Adobe logo and the text "Adobe® Acrobat® XI Standard". At the top right is the Adobe logo. Below the header, there are two main sections: "Recent Files" and "Select a Task".

Recent Files | View All

- ACCME_Standards for Commercial ...
- imis_spring 2018 provider training ...
- Opioid Webinar Series Flyer for Alli...
- Provider Training_Eval Summary_7-...
- ACCME_SCS 4_Approp Mgmt of A...
- My Computer...
- Acrobat.com

Select a Task

- Create PDF from File
- Edit PDF
- Create Form
- Combine Files into PDF
- Get Documents Signed

Introducing New Acrobat DC

Completely reimagined PDF tools and all-new Adobe Document Cloud let you work with PDFs anywhere on any device.

Adobe Acrobat XI

Merging PDF Documents

[https://www.youtube.com/watch?v = QMFYNMRi81I](https://www.youtube.com/watch?v=QMFYNMRi81I)

Bookmarking a PDF Document

[https://www.youtube.com/watch?v = aGeXJJzmkp0](https://www.youtube.com/watch?v=aGeXJJzmkp0)

Paginating a PDF Document

[https://www.youtube.com/watch?v = yUu9txmres](https://www.youtube.com/watch?v=yUu9txmres)

What Your Surveyors Are Looking For: The Surveyor Report Form



ISMA SURVEYOR REPORT FORM

Provider ID	Provider Name	Survey Co-Chair
Survey Chair	ARC Reviewer	
Survey Date		
Criterion 1		
In the Self Study Report Did the provider describe... A CME Mission Statement that includes expected results articulated in terms of changes of competence, performance or patient outcomes that will be the result of the program?	Surveyor Response Y <input type="checkbox"/> (go to C2) N <input type="checkbox"/>	In the interview If the Criterion was discussed, please describe the discussion.
Additional Materials Request Additional Materials?		Y <input type="checkbox"/> What Additional Materials Are to be Requested?
Surveyor Comments		
For ARC Use Only	Summary of Performance in Practice Review :	
	Compliance Finding: Compliance, Noncompliance, Clarification Needed to Determine Compliance Finding	
	Comments:	



3) Assemble a Review Team

Conduct Your Organization's Final Review of Self Study Materials

- Consider what your ISMA surveyors are looking for and use the Surveyor Report Form as a checklist for each of your answers
- List all areas you find out of compliance and identify how you can become compliant
- Concede that the self study/reaccreditation application and performance-in-practice materials are a correct representation of your CME program
- If you have any lingering questions, reach out to ISMA CME staff before submitting.

ISMA Commission on Medical Education

- Is made up of volunteer surveyors who are physicians and CME professionals
- Chairman: Dr. Paul Rider, Reid Hospital & Healthcare Services
- Meets twice a year – Spring and Fall
- Reviews the findings of each survey team based on the data and information collected in the reaccreditation process
- Votes and makes final accreditation decisions
- Accreditation decisions are communicated to providers in writing within 30 days of the Commission meeting

Final Take-Home

Plan your work
and work your
plan.

Napolean Hill