**INTERVIEW PREP FORM – SURVEY TEAM QUESTIONS RE: SELF STUDY MATERIALS**

**REMARKS:**

* **Survey Team Introduction**

**In today’s interview we’ll be focusing on the areas where we feel clarification or additional information is needed. We will not be discussing areas where the information you presented is clear.**

* **Provider Introduction……….. and brief overview of CME program, including any major challenges you incurred during your term.**

**MISSION: EXPECTED RESULTS**

|  |  |
| --- | --- |
| **Criterion 1 -** The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**PROGRAM ANALYSIS**

|  |  |
| --- | --- |
| **Criterion 12 -**The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**PROGRAM IMPROVEMENTS**

|  |  |
| --- | --- |
| **Criterion 13 -**The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**EDUCATIONAL NEEDS**

|  |  |
| --- | --- |
| **Criterion 2 -** The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**DESIGNED TO CHANGE**

|  |  |
| --- | --- |
| **Criterion 3 -**The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**APPROPRIATE FORMAT**

|  |  |
| --- | --- |
| **Criterion 5 -**The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**COMPETENCIES**

|  |  |
| --- | --- |
| **Criterion 6 –** The provider develops activities/educational interventions in the context of desirable physician attributes (competencies). | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**ANALYZES CHANGE**

|  |  |
| --- | --- |
| **Criterion 11 -**The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| Question | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**STANDARD 1 – ENSURE CONTENT IS VALID**

|  |  |
| --- | --- |
| **Standard 1 –** Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**STANDARD 2 – PREVENT COMMERCIAL BIAS & MARKETING IN ACCREDITED CE**

|  |  |
| --- | --- |
| **Standard 2 –** Accredited continuing education must protect learners from commercial bias and marketing. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**STANDARD 3 – IDENTIFY, MITIGATE & DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS**

|  |  |
| --- | --- |
| **Standard 3 –** Accredited providers must collect information, exclude owners or employees of ineligible companies, identify relevant financial relationships, mitigate relevant financial relationships, disclose all relevant financial relationships to learners, identify ineligible companies by their name only, disclose absence of relevant financial relationships, and learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**STANDARD 4 – MANAGE COMMERCIAL SUPPORT APPROPRIATELY**

|  |  |
| --- | --- |
| **Standard 4 –** Accredited providers that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**STANDARD 5 – MANAGE ANCILLARY ACTIVITIES**

|  |  |
| --- | --- |
| **Standard 5 –** Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education  offered in conjunction with accredited continuing education. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**CME ACTIVITY & ATTENDANCE RECORDS RETENTION**

|  |  |
| --- | --- |
| **Records Retention –**  Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The ACCME does not require sign-in sheets.  Activity Documentation: An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer. | |
| Opening Statement | We’d like to start on page \_\_\_\_of the self-study report. Please let us know when you’re there. |
| Observation | This section pertains to …. |
| **Question** | *If not addressed in response to question above:*  **Type your question here…**  *Mute phone - Type response here* |
| Answer |  |
| Transition | Thank you that answers my question. |

**QUESTIONS | ACTIVITY FILES**

|  |  |
| --- | --- |
| **Activity Title** (Activity #)  Criteria # 7: The provider must disclose to learners the relevant financial relationships (or no relationship) of all those who control the content of CME. | |
| Opening Statement | Please refer to page xx of this activity file, let us know when you’re there. |
| Observation | We did not find Dr. X’s disclosure information in the disclosure section of this session handout. |
| **Question** | **Was Dr. X’s relevant relationships (or no relationship) disclosed to learners in another manner prior to the start of this session?**  *Mute phone - Type response here* |
| **Follow-up**  **Question if a ‘yes’ response** | **If requested by the ACCME, could you provide evidence of this disclosure to learners prior to the start of the session?**  *Mute phone - Type response here* |