YEAR

**SELF-STUDY REPORT**

Organization Name



**SELF-STUDY REPORT FOR INITIAL AND REACCREDITATION**

**For reference by organizations receiving accreditation decisions in July and Nov. 2024**

**Instructions:**

Organizations applying for initial or reaccreditation are required to complete this application entitled

**Self-Study Report for Initial and Reaccreditation**.

In the Self-Study Report, you will provide the information requested in concise narrative explanations and statements, in tables provided, and with attachments to verify that your CME program meets the ISMA and ACCME’s requirements. We encourage you to be succinct, answer the questions directly, and avoid extraneous information. Provide attachments only where requested.

To complete the form, click the boxes [ ]  to make a selection and type in the gray boxes Click here to enter text. to enter text. **Please do not edit, delete, or modify content in this form.**

**Initial Applicants Only:**

Initial applicants are required to demonstrate compliance with ALL core accreditation criteria (formerly C1 – 13) to achieve Provisional Accreditation.This is a change from previous years (effective 7/1/22).

**Terminology:**

**Descriptions** are narrative explanations — please use complete sentences.

**Attachments** are specific documents/documentation.

**Submission of the Self-Study Report and Attachments:**

The following materials must be sent to ISMA electronically (*hard copies are no longer required*):

* ONE (1) electronic copy of your Self Study Report, including labeled attachments, with pages sequentially numbered. It should be saved and uploaded as a single Word document to ISMA’s OneDrive share-file system. If you have the ability to bookmark the report sections, please do so.

**Submission of Evidence of Performance-in-Practice Activity Files:**

The ISMA’s Performance-in-Practice (PIP) Structured Abstract must accompany each activity selected for review.

**Initial Applicants:**

The following materials must be sent to ISMA electronically (*hard copies are no longer required*):

* ONE (1) electronic copy of your evidence of PIP for each of the 2 activities selected, saved and uploaded as PDF documents on ISMA’s OneDrive share-file system. Please name/identify the activity files individually by date and activity title (i.e., Activity 1\_03/20/23\_Physician Wellbeing).

**Reaccreditation Applicants**:

The following materials must be sent to ISMA electronically (*hard copies are no longer required*):

* ONE (1) electronic copy of your evidence of PIP for each of the 15 activities selected, saved and uploaded as PDF documents on ISMA’s OneDrive share-file system. Please name/identify the activity files individually (i.e., Activity 1\_03/20/23\_Physician Wellbeing).

**PROVIDE EMAIL NOTIFICATION TO THE FOLLOWING ISMA STAFF**

**ONCE ALL DOCUMENTATION HAS BEEN SUBMITTED:**

**Cheryl Stearley**

**ISMA - CME Accreditation & Recognition Administrator**

**Email:** **cstearley@ismanet.org**

**Phone: 317-454-7731**

# Accreditation with Commendation

Accreditation with Commendation is ISMA’s mechanism for recognizing and celebrating organizations that excel as CME providers. Providers that receive Accreditation with Commendation will receive an accreditation term of six years in lieu of four years. Compliance with the commendation criteria is optional for CME providers and is not required to achieve standard Accreditation. **Initial applicants are not eligible for Accreditation with Commendation.**

**Answer** the following question:

**Are you pursuing Accreditation with Commendation?**

[ ]  Yes (**complete** this form in its entirety)

[ ]  No (**complete** **Sections A – F only**)

# ISMA Policies and Conditions

* It is understood that accreditation by ISMA indicates only ISMA’s verification that the program is in adequate compliance with accreditation requirements and policies.
* Every provider applying for either initial accreditation or reaccreditation must attest to the following: “The materials we submit for (re)accreditation (Self-Study Report, activity files, and other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).”

# CME Program Organizational Contacts

**Name of Organization:**

**Primary CME Staff Contact**

 **Name:**

 **Title:**

 **Complete Address:**

 **Phone:**

 **Email:**

**CEO or Organization’s Administrator Responsible for Oversight of CME**

 **Name:**

 **Title:**

 **Complete Address:**

 **Email:**

**Chair of CME Committee (if one exists)**

 **Name:**

 **Complete Address:**

 **Phone:**

 **Email:**

**Others Who Should Receive Copies of CME Correspondence** (if any)

**Name:**

 **Title:**

 **Complete Address:**

 **Phone:**

 **Email:**

**Name:**

 **Title:**

 **Complete Address:**

 **Phone:**

 **Email:**

**Name:**

 **Title:**

 **Complete Address:**

 **Phone:**

 **Email:**

# Demographic Information

1. **Select** which classification most accurately describes your type of organization.

[ ]  **Hospital**

[ ]  **Multi-facility hospital or** **healthcare system\***

[ ]  **Specialty Society**

[ ]  **Physician Group**

[ ]  **Insurance Company/Managed Care Company**

[ ]  **Consortium/Alliance\***

[ ]  **Government/Military**

[ ]  **Education Company**

[ ]  **Other (specify):** Click here to enter text.

**\***If your accreditation is for a multi-facility hospital or health care system, or a consortium/alliance, **list** the facilities and/or organizations that comprise the applicant entity.

Click here to enter text.

1. If your organization, or any member organization of your consortium or system, is affiliated with a medical school, **describe** the nature of this affiliation. If **not**, **check** here: [ ]

Click here to enter text.

1. Did your organization reach physicians outside Indiana and its bordering states during this term of accreditation?

[ ]  Yes

[ ]  No

# SECTION A: PROLOGUE

## CME PROGRAM HISTORY

**Question 1**: **Describe** a brief history of your continuing medical education program.

Click here to enter text.

## ORGANIZATION CHART

**Question 2: Attach** an organizational chart that shows the leadership and structure of your CME program. **Label** your documentation: **Attachment 1 – Organizational Chart.**

## CME COMMITTEE MEMBERS

**Question 2a:**  **List** current CME committee members, including specialty or area represented. If you are a multi-facility organization, **include** the facility(s) the members represent.

Click here to enter text.

# SECTION B: CME MISSION AND PROGRAM IMPROVEMENT

## MISSION (Formerly 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.

**Question 3:** **Attach** your CME mission statement, which should contain the expected results component of your CME Program. The expected results must be articulated in terms of competence, performance, or patient outcomes, or a combination of these. **Label** your documentation**:**

**Attachment 2 – CME Mission Statement**

Click here to enter text.

## PROGRAM ANALYSIS (Formerly 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.

**Question 4:** **Describe** your conclusions on the degree to which you have met the expected results of your mission. These conclusions should be based on the data you have obtained in your analysis of learner change in competence, performance, or patient outcomes across your overall program of accredited activities.

Click here to enter text.

## PROGRAM IMPROVEMENTS (Formerly Criterion 13)

The provider identifies, plans, and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

**Question 5:** **Describe** the needed or desired changes in the overall program required to improve on your ability to meet your CME mission that have been identified, planned, and implemented during the accreditation term.

Click here to enter text.

**Question 5a:** Action plan for implementing these changes.

Click here to enter text.

**Question 5b:** Timeline for implementing these changes.

Click here to enter text.

# SECTION C: EDUCATIONAL PLANNING AND EVALUATION

## EDUCATIONAL NEEDS (Formerly 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.

**Question 6:** **Describe** the processes your organization uses to identify the professional practice gaps of your learners and the educational needs that underlie the practice gaps.

Click here to enter text.

## DESIGNED TO CHANGE (Formerly Criterion 3)

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

**Question 7:** **Describe** what you do to ensure your organization designs activities to change the competence, performance, or patient outcomes of your learners.

## Click here to enter text.

## APPROPRIATE FORMATS (Formerly Criterion 5)

The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

**Question 8:**  In addition to identifying the educational formats that you have chosen,

**Describe** why these formats are appropriate for the settings, objectives, and desired results of

your activities.

Click here to enter text.

## COMPETENCIES (Formerly Criterion 6)

The provider develops activities/educational interventions in the context of desirable physician attributes [i.e., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) competencies].

**Question 9:** **Describe** what you do to ensure your activities/educational interventions are developed in the context of desirable physician attributes.

Click here to enter text.

## ANALYZES CHANGE (Formerly 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.

**Question 10:** **Describe the strategies (methods)** you use to obtain data on changes in learners’ competence, performance, or patient outcomes across your overall program of accredited activities.

Click here to enter text.

**Question 11:** Based on the data obtained on learner change, **describe your conclusions** **(analysis)** as to whether or not you were able to change learner competence, performance or patient outcomes across your overall program of accredited activities.

Click here to enter text.

If possible, please **attach** copies of any aggregated data supporting your analysis.

**Label** your documentation: **Attachment 3 – Aggregated Program Data**

Click here to enter text.

# SECTION D: STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION

## STANDARD 1: ENSURE CONTENT IS VALID

## (Formerly CME Clinical Content Validation Policies and Criterion 10 SCS 5.2)

Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

**Question 12:** **Describe** what you do to ensure that the content of CME activities and your accredited CME program meet all four elements of Standard 1 in both the planning and monitoring stages.

Click here to enter text.

## STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION (Formerly Criterion 7 (SCS 1) and Criterion 10 (SCS 5.1))

Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

**Question 13:** **Describe** how you ensure that the content of accredited activities and your accredited CME program meet expectations of elements 1 AND 2 of Standard 2.

Click here to enter text.

**Question 14:** Do you share the names or contact information of learners with any ineligible company or its agents?

[ ]  Yes

[ ]  No

If yes, **provide/state** the language and mechanism(s) you use to obtain the explicit consent of individual learners.

Click here to enter text.

## STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVENT FINANCIAL RELATIONSHIPS (Formerly Criterion 7 (SCS 1, 2 & 6)

Accredited providers must take the following steps when developing accredited continuing education.

1. **Collect information**: Collect information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Disclosure information must include:
2. The name of the ineligible company with which the person has a financial relationship.
3. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.
4. **Exclude owners or employees of ineligible companies**: Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. **There are three exceptions to this exclusion— employees of ineligible companies can participate as planners or faculty in these specific situations:**
5. When the content of the activity is not related to the business lines or products of their employer/company.
6. When the content of the accredited activity is limited to basic science research, such as preclinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
7. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
8. **Identify relevant financial relationships**: Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
9. **Mitigate relevant financial relationships**: Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
10. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
11. Document the steps taken to mitigate relevant financial relationships.
12. **Disclose all relevant financial relationships to learners**: Disclosure to learners must include each of the following:
13. The names of the individuals with relevant financial relationships.
14. The names of the ineligible companies with which they have relationships.
15. The nature of the relationships.
16. A statement that all relevant financial relationships have been mitigated.
17. **Identify ineligible companies by their name only**. Disclosure to learners must not include ineligible companies’ corporate or product logos, trade names, or product group messages.
18. **Disclose absence of relevant financial relationships**. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.
19. **Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.**

**Question 15:** **Describe** the process(es) you have in placeto collect information from all planners, faculty, and others in control of educational content regarding **all** of their financial relationships with ineligible companies (commercial interests) **for activities that were made available to learners or implemented beginning January 1, 2022, and beyond with the implementation of the new Standards.**

Click here to enter text.

**Question 16:** **Attach** a single example of each of the form(s) or mechanism(s) that you have implemented to collect this information to meet the expectations of **Standard 3.1** beginning January 1, 2022 and beyond**.**

**Label** your documentation: **Attachment 4 – Financial Disclosure Form**

**Ensure that this/these mechanism(s) include:**

a. the complete definition of an ineligible company

b. the individual completing the form/mechanism is instructed to include **ALL** financial relationships with ineligible companies for the prior **24** months.

**Question 17:** Does your organization use employees or owners of ineligible companies in its accredited activities?

[ ]  Yes

[ ]  No

If yes, **describe** the process(es) you have in place to meet the expectations of **Standard 3.2 (a-c)** – the “three exceptions to exclusion.”

Click here to enter text.

**Question 18:** **Describe** what you do to ensure that your organization does NOT engage in joint providership with ineligible companies.

Click here to enter text.

**Question 19:** **Describe** the process you use to determine which financial relationships are relevant to the educational content. (For example, what kind of research do you conduct?)

Click here to enter text.

**Question 20:** **Describe** the methods/steps you use to mitigate all relevant financial relationships appropriate to the role(s) of individuals in control of content. Note that the methods/steps used for planners are likely different than those used for faculty.

1. Mitigation of conflicts of interest for planners, CME Committee members, reviewers:

Click here to enter text.

1. Mitigation of conflicts of interest for faculty speakers, authors, moderators, facilitators and others who control educational content:

Click here to enter text.

**Question 21:** **Describe** the method(s) you use to inform learners of the presence or absence of relevant financial relationships of all individuals in control of content.

Click here to enter text.

**Question 22:** **Describe** the method(s) you use to inform learners that *all relevant financial relationships have been mitigated.* (Per Standard 3, 5d)

Click here to enter text.

## STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY

## (Formerly Criterion 8 (SCS 3)

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.

1. **Decision-making and disbursement**: The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
	1. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
	2. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
	3. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
	4. The accredited provider may use commercial support to defray or eliminate the cost of the education for all learners.
2. **Agreement**: The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. **Accountability**: The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.
4. **Disclosure to learners**: The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies’ corporate or product logos, trade names, or product group messages.

**Question 23:** Does your organization accept commercial support?

[ ]  Yes

[ ]  No

***\*Commercial support is defined in Standard 4 as financial or in-kind support from ineligible companies in direct support of accredited education.***

**PLEASE NOTE: This does not include fees for advertising and exhibits.**

If yes, **describe** how your organization meets the expectations of all four elements of Standard 4.

Standard 4.1 – Disposition & Disbursement:

Click here to enter text.

Standard 4.2 – Written Agreement(s):

Click here to enter text.

Standard 4.3 – Documentation of Receipt & Expenditure:

Click here to enter text.

Standard 4.4 – Disclosure:

Click here to enter text.

## STANDARD 5: MANAGE ANCILLARY ACTIVITIES OFFERED IN CONJUNCTION WITH ACCREDITED CONTINUING EDUCATION (Formerly Criterion 9 (SCS 4)

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.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:

* Influence any decisions related to the planning, delivery, and evaluation of the education.
* Interfere with the presentation of the education.
* Be a condition of the provision of financial or in-kind support from ineligible companies for the education.

2. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.

* Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
* Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
* Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
* Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.

3. Ineligible companies may not provide access to, or distribute, accredited education to learners.

**Question 24:** Does your organization offer ancillary activities, including advertising, sales, exhibits, or promotion for ineligible companies and/or nonaccredited education in conjunction with your accredited CE activities?

[ ]  Yes

[ ]  No

If yes, **describe** how your organization meets the expectations of all three elements of Standard 5.

Standard 5.1 – Arrangements for exhibits:

Click here to enter text.

Standard 5.2 – Distinguish between accredited education and other activities:

Click here to enter text.

Standard 5.3 – Ineligible company provision of access to accredited CE:

Click here to enter text.

# SECTION E: CME ACTIVITY & ATTENDANCE 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.

**Question 25: Describe** the mechanism your organization uses to record and verify physician participation for six years from the date of your accredited activities.

Click here to enter text.

**Question 26:** **Attach** an example of the information or report(s) your mechanism can produce for an individual participant spanning a six-year period (i.e. transcript). **Label** your documentation:

**Attachment 5 – Attendance Report.**

**Question 27:** **Describe** what your organization does to ensure that activity files/records of CME activity planning and presentation are retained during the current accreditation term or for the last twelve months, whichever is longer.

Click here to enter text.

# SECTION F: ACCREDITATION STATEMENT POLICY

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

**Question 28:** **Describe** what your organization does to ensure that your CME activities and your program of continuing medical education meet the requirements of the Accreditation Statement Policy.

Click here to enter text.

**Attachment 1 – Organizational Chart**

**Attachment 2 – CME Mission Statement**

**Attachment 3 – Aggregated Program Data (if possible)**

**Attachment 4 – Financial Disclosure Form**

**Attachment 5 – Attendance Report**

# SECTION G: ACCREDITATION WITH COMMENDATION (optional)

## MENU OF NEW CRITERIA FOR COMMENDATION (Select eight criteria)

If your organization chooses to submit for Accreditation with Commendation, you must demonstrate compliance with **seven criteria from any category—plus one criterion from the Achieves Outcomes category**—for a total of eight criteria.

**IMPORTANT:** A provider will not be considered for commendation if descriptions/evidence are presented for fewer than eight criteria and/or if descriptions/evidence are not presented for at least one criterion from the Achieves Outcomes category. Descriptions/evidence will not be considered for more than eight criteria.

## COMMENDATION PROGRAM SIZE

**Question 29**: If yes, **select** the size of your CME Program for your current accreditation term. The size of a CME program is determined by a provider’s *total number of activities for the current accreditation term* based on the best available information at the point of submission, therefore our organization is:

[ ]  Small (1-39 activities)

[ ]  Medium (40-100 activities)

[ ]  Large (101-250 activities)

[ ]  Extra Large (>250 activities)

**Question 30:** **List** the eight criteria (including one from the Achieves Outcomes category) you are submitting for in this field.

* + 1. Click here to enter text.
		2. Click here to enter text.
		3. Click here to enter text.
		4. Click here to enter text.
		5. Click here to enter text.
		6. Click here to enter text.
		7. Click here to enter text.
		8. Click here to enter text.

# PROMOTES TEAM-BASED EDUCATION

## ENGAGES TEAMS (Formerly Criterion 23)

Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

**Question 31:** We **attest** that our organization has met the Critical Elements for ENGAGES TEAMS in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check box to attest.

**Submit** evidence for the required number of examples based on the size of your program.

**For each example activity, please complete the table below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | List the professions of the planners. | List the professions of faculty. | Describe how the activity was designed to create an interprofessional learning experience to support a change in the competence or performance of the healthcare team.  |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## ENGAGES PATIENTS/PUBLIC (Formerly Criterion 24)

Patient/public representatives are engaged in the planning and delivery of CME.

**Question 32:** We **attest** that our organization has met the Critical Elements for ENGAGES PATIENTS/PUBLIC in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check box to attest.

**Submit** evidence for the required number of examples based on the size of your program.

**For each example activity, please complete the table below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity title | Activity Date | Activity Type | List the patients and/or public representatives who were planners. | List the patients and/or public representatives who were faculty. | Describe how each individual qualifies as a patient or public representative. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## ENGAGES STUDENTS (Formerly Criterion 25)

Students of the health professions are engaged in the planning and delivery of CME.

**Question 33:** We **attest** that our organization has met the Critical Elements for ENGAGES STUDENTS in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check box to attest.

**Submit** evidence for the required number of examples based on the size of your program.

**For each example activity, please complete the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | Describe the health professions' students involved in the activity, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and how the students participated as PLANNERS of the activity.  | Describe the health professions' students involved in the activity, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and how the students participated as FACULTY of the activity. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

# ADDRESSES PUBLIC HEALTH PRIORITIES

## ADVANCES DATA USE (Formerly Criterion 26)

The provider advances the use of health and practice data for healthcare improvement.

**Question 34:** **Submit** evidence for the required number of examples based on the size of your program.

**For each example activity, please complete the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | Describe how the activity taught learners about collection, analysis, or synthesis of health/practice data. | Describe how the activity used health/practice data to teach about healthcare improvement. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## ADDRESSES POPULATION HEALTH (Formerly Criterion 27)

The provider addresses factors beyond clinical care that affect the health of populations.

**Question 35:** We **attest** that our organization has met the Critical Elements for ADDRESSES POPULATION HEALTH in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check box to attest.

**Submit** evidence for the required number of examples based on the size of your program.

**For each example activity, please complete the table below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | Describe the strategies used to achieve improvements in population health. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## COLLABORATES EFFECTIVELY (Formerly Criterion 28)

The provider collaborates with other organizations to more effectively address population health issues.

**Question 36:** 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.

|  |  |
| --- | --- |
| Example 1 | Enter Response Here |
| Example 2 | Enter Response Here |
| Example 3 | Enter Response Here |
| Example 4 | Enter Response Here |

# ENHANCES SKILLS

## OPTIMIZES COMMUNICATION SKILLS (Formerly Criterion 29­­­­)

The provider designs CME to optimize communication skills of learners.

**Question 37:** **Submit** evidence for the required number of examples based on the size of your program.

**For each example activity, please complete the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | Describe the elements of the activity that addressed communication skills and how you evaluated the observed communication skills of the learners.  | Submit an example of the formative feedback provided to a learner about communication skills. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## OPTIMIZES TECHNICAL/PROCEDURAL SKILLS (Formerly Criterion 30)

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

**Question 38:** **Submit** evidence for the required number of examples based on the size of your program.

**For each example activity, please complete the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Name | Activity Date | Activity Type | Describe the elements of the activity that addressed technical or procedural skills and how you evaluated the observed psychomotor technical/procedural skills of the learners.  | Submit an example of the formative feedback provided to a learner about the psychomotor technical or procedural skills. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## CREATES INDIVIDUALIZED LEARNING PLANS (Formerly Criterion 31)

The provider creates individualized learning plans for learners.

**Question 39:** We **attest** that our organization has engaged the number of learners that matches the size of our CME program, as described in the examples provided in the table below.

[ ]  Check box to attest.

If your organization creates individualized learning plans for learners, please **complete** the table below **describing** the learning plan(s) and the number of learners for the size of your CME program (S:25; M:75; L:125; XL:200) and **submit** an example of the individualized feedback to the learner to close practice gaps.

|  |  |  |
| --- | --- | --- |
| Describe the individualized learning plan and explain how the plan requires repeated engagement and provides feedback to the learner. | How many learners participated in the individualized learning plan with repeated engagement and feedback? | Submit an example of individualized feedback to the learner to close practice gaps. |
| Enter Response Here | Enter Response Here | ATTACH FILE |

## UTILIZES SUPPORT STRATEGIES (Formerly Criterion 32)

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

**Question 40:** We **attest** that our organization has met the Critical Elements for UTILIZES SUPPORT STRATEGIES in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check box to attest.

**Submit** evidence for the required number of examples based on the size of your program.

**For each example activity, please complete the table below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | Describe the support strategies that were adjunctive to the activity. Provide your analysis of the effectiveness of the strategies and describe planned or implemented improvements. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

# DEMONSTRATES EDUCATIONAL LEADERSHIP

## ENGAGES IN RESEARCH/SCHOLARSHIP (Formerly Criterion 33)

The provider engages in CME research and scholarship.

 **Question 41:** **Provide** examples of two scholarly projects.

|  |  |  |
| --- | --- | --- |
|  | Describe a scholarly project your organization completed during the accreditation term relevant to CME and the dissemination method used for each one (e.g., poster, abstract, manuscript). | For each project, submit a copy of the project itself (e.g., poster, abstract, presentation, manuscript).  |
| Project 1 | Enter Response Here | ATTACH FILE |
| Project 2 | Enter Response Here | ATTACH FILE |

## SUPPORTS CPD FOR CME TEAM (Formerly Criterion 34)

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

**Question 42:** If your organization supports the continuous professional development of its CME team,

1. **Describe** your organization’s CME team.

Click here to enter text.

1. **Describe** the CPD needs that you identified for the team during the term of accreditation.

Click here to enter text.

1. **Describe** the learning plan implemented based on the needs identified, including the activities external to your organization in which the CME team participated.

Click here to enter text.

## DEMONSTRATES CREATIVITY/INNOVATION (Formerly Criterion 35)

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

**Question 43:** If your organization demonstrates creativity and innovation in the evolution of its CME program, **identify** **four examples** of innovations implemented. **Describe** each innovation and how it contributed to your organization’s ability to meet your mission.

|  |  |
| --- | --- |
| Example 1 | Enter Response Here |
| Example 2 | Enter Response Here |
| Example 3 | Enter Response Here |
| Example 4 | Enter Response Here |

# ACHIEVES OUTCOMES

## IMPROVES PERFORMANCE (Formerly Criterion 36)

The provider demonstrates improvement in the performance of learners.

**Question 44:** We **attest** that our organization has met the Critical Elements for IMPROVES PERFORMANCE in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check box to attest.

**Describe** the method(s) used to measure performance changes of learners.

Click here to enter text.

**Submit** evidence for the required number of examples based on the size of your program.

**For each example activity, please complete the table below.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | # of learners that participated in the activity | # of learners whose performance was measured | # of learners that improved performance | Itemize the method(s) used to measure change in performance of learners. | Data/information demonstrating improvements in performance of learners. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## IMPROVES HEALTHCARE QUALITY (Formerly Criterion 37)

The provider demonstrates healthcare quality improvement.

**Question 45:**  **Describe** **two examples** in which your organization collaborated in the process of healthcare quality improvement, along with the improvements that resulted. **Include** data (qualitative or quantitative) that demonstrates those improvements. Use one row of the table below for each collaboration description.

|  |  |
| --- | --- |
| Example 1 | Enter Response Here |
| Example 2 | Enter Response Here |

## IMPROVES PATIENT/COMMUNITY HEALTH (Formerly Criterion 38)

The provider demonstrates the impact of the CME program on patients or their communities.

**Question 46:** **Describe** **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. **Include** data (qualitative or quantitative) that demonstrates those improvements.

|  |  |
| --- | --- |
| Example 1 | Enter Response Here |
| Example 2 | Enter Response Here |