

**ORGANIZING YOUR SELF-STUDY REPORT**

The Self-Study Report must be formatted as indicated to facilitate the review of your CME program:

1. The cover of each of binder should clearly identify your organization by name. Use the full name of your organization as it is known to the NMA (no acronyms or abbreviations).
2. Narrative, attachments, and examples must be provided as indicated in the NMA Self-Study Report Outline.
3. Pertinent excerpts must be photocopied on standard paper for inclusion in the binder. Do not use plastic sleeves for single pages or for multi-page documents (i.e. brochures, handouts, etc.).
4. Two hard copies of the Self-Study Report must be submitted to the NMA. Keep a separate duplicate copy for your reference at any time during the reaccreditation process, but especially at the time of the interview.
5. The Self-Study Report must be organized using divider tabs to separate the content of the report in the outline. For the purpose of printing tabs, the titles of the sections have been abbreviated as follows:

I. Intro

II. Mission

III. Analysis

IV. Improvements

V. Educ Needs

VI. Design Change

VII. Formats

VIII. Competencies

IX. Analyze Change

X. Standard 1

XI. Standard 2

XII. Standard 3

XIII. Standard 4

XIV. Standard 5

XV. Accred Statement

XVI. Records Ret

 ACCREDITATION WITH COMMENDATION

I. Teams

II. Patients/Public

III. Students

IV. Data Use

V. Pop Health

VI. Collaborates

VII. Communication

VIII. Tech/Proced Skills

IX. Ind Lrng Plans

X. Sup Strategies

XI. Research/Scholar

XII. CPD for Team

XIII. Creativity/Innov

XIV. Performance

XV. Healthcare Quality

XVI. Patient/Comm Hlth

**CONTENT TO INCLUDE IN YOUR SELF-STUDY REPORT**

**PROLOGUE**

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### Introduction

* 1. Demographic Information Form
	2. Describe a brief history of your CME Program.
	3. Describe the leadership and structure of your CME Program.
		1. Include an organizational chart.

**CORE ACCREDITATION CRITERIA**

**CME Mission and Program Improvement**

### Mission (formerly C1)

*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.*

* 1. Attach your CME mission statement.
	2. Identify and highlight the expected results of your CME program, articulated in terms of changes in competence, performance, or patient outcomes.

### Program Analysis (formerly C12)

*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.*

* 1. Based on your review of the data and information obtained, provide your conclusions regarding your organization’s success at meeting its CME mission through your CME activities/educational interventions.

### Program Improvements (formerly C13)

*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.*

* 1. As a result of your program-based analysis, what changes did you identify that could help you better meet your CME mission?

**Educational Planning and Evaluation**

### Educational Needs (formerly C2)

*The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.*

* 1. Describe how your activities identify the professional practice gap(s) of your leaners.
	2. Describe how your activities address the educational need(s) of your learners that underlie the professional practice gap(s) you have identified.

### Designed to Change (formerly C3)

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

* 1. Describe how your activities are designed to change: competence, and/or performance, and/or patient outcomes?

### Appropriate Formats (formerly C5)

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

* 1. Describe how you chose what format (i.e., activity type and methodology) is appropriate for the setting, objectives and desired results of the activity.

### Competencies (formerly C6)

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

* 1. Describe how your activities are designed to address desirable physician attributes (e.g., ABMS/ACGME Competencies, IOM Competencies).

### Analyzes Change (formerly C11)

*The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.*

* 1. Describe the method you use to obtain data on changes in learners’ competence, performance, or patient outcomes.
	2. Describe the conclusions you drew from your analysis of changes in learners’ competence, performance, or patient outcomes achieved as a result of your overall program’s activities/educational interventions.

**STANDARDS FOR INTEGRITY AND INDEPENDENCE**

### Standard 1: Ensure Content is Valid

*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. Describe how you ensure that the content of your activities and your accredited program meet the expectations of Standard 1.

### Standard 2: Prevent Commercial Bias and Marketing

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

* 1. 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.
	2. Do you share the names or contact information of learners with any ineligible company or its agents?
		1. If yes, provide the language and mechanism(s) you use to obtain the explicit consent of individual learners.

### Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

*Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying relevant financial relationships between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.*

* 1. Describe how you collect information from all planners, faculty, and others in control of educational content about all their relevant financial relationships with ineligible companies.
	2. Describe how you collect information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies.
	3. Submit a single example of each of the form(s) or mechanism(s) that you use to collect this information to meet the expectations of Standard 3. Ensure that this/these mechanism(s) include:
		1. The complete definition of an ineligible company.
		2. The individual completing the form/mechanism is instructed to include ALL financial relationships with ineligible companies for the prior 24 months.
	4. Does your organization use employees or owners of ineligible companies in its accredited activities? If yes, describe how you meet the expectations of Standard 3.
	5. Describe the process you use to determine which financial relationships are relevant to the educational content.
	6. 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.
	7. Describe the ways in which you inform learners of the presence or absence of relevant financial relationships of all individuals in control of content.
	8. Describe how you ensure that learners are informed that all relevant financial relationships have been mitigated.

### Standard 4: Manage Commercial Support Appropriately

*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. Does your organization accept commercial support for any direct or jointly provided activities? If yes, describe how your organization meets the expectations of Standard 4.

### Standard 5: Managing Ancillary Activities Offered in Conjunction with Accredited Continuing Education

* 1. Does your organization offer ancillary activities including advertising, sales, exhibits, or promotion or ineligible companies and/or nonaccredited education in conjunction you’re your activities? If Yes, describe how your organization meets the expectations of Standard 5.

**POLICIES**

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### Accreditation Statement

*The accreditation statement must appear on 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.*

* 1. Include your standard accreditation statement.

### CME Activity and Attendance Records Retention

* 1. Describe how your program records and verifies participation of physicians for six years after the date of the activity.
	2. Describe how your program maintains CME activity files and records for the current accreditation term or the last twelve months (whichever is longer).

# MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION (optional)

To be eligible for Accreditation with Commendation, CME providers must demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menu. Choosing from the menu, providers need to demonstrate compliance with any seven criteria of their choice, from any category, plus one criterion from the “Achieves Outcomes” category, for a total of **eight** criteria. All providers must demonstrate compliance with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies. Please do not include descriptions/evidence for more than eight criteria.

At the beginning of this section, please indicate the size of your CME program based on the number of CME activities that your CME program has offered in the current accreditation term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra-large): >250. The size of your CME program will determine the number of activities for which you must submit evidence, for some of the criteria, as indicated in the outline that follows.

**Promotes Team-Based Education**

### Engages Teams (formerly C23)

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

“On behalf of [organization name], I attest that our organization has met the Critical Elements in at least 10% of the CME activities (but no less than two activities) during the accreditation term. [INDIVIDUAL NAME, title]”

* 1. For each example activity you present, please provide the name/date/type of the activity and describe the professions of the planners and faculty, as well as a brief description of what the activity was designed to change in terms of the competence or performance of the healthcare team.

### Engages Patients/Public (formerly C24)

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

“On behalf of [organization name], I attest that our organization has met the Critical Elements in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]”

* 1. For each example activity you present, please provide the name/date/type of the activity and describe in what way the planners and presenters of the activity represent the patient or public, along with the role they played in the planning/presentation of your CME activity.

### Engages Students (formerly C25)

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

“On behalf of [organization name], I attest that our organization has met the Critical Elements in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]”

* 1. For each example activity you present, please provide the name/date/type of the activity and describe the health professions’ students involved in the activity, including their profession and level of study (e.g. undergraduate medical students, nurse practitioner students, residents in general surgery) and how they participated as both planners and faculty of the activity.

**Addresses Public Health Priorities**

### Advances Data Use (formerly C26)

* 1. Describe how your organization incorporates health and practice data into your educational program through teaching about the collection, analysis, or synthesis of health/practice data AND how your organization uses health/practice data to teach about healthcare improvement.
	2. For each activity you present, please provide the name/date/type of the activity and for each activity, describe how the activity taught learners about collection, analysis or synthesis of health/practice data and how the activity used health/practice data to teach about healthcare improvement.

### Addresses Population Health (formerly C27)

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

“On behalf of [organization name], I attest that our organization has met the Critical Elements in at least 10% of the CME activities (but no less than two) reported during the accreditation term. [INDIVIDUAL NAME, title]”

* 1. For each example activity you present, please provide the name/date/type of the activity and describe the strategy or strategies used to achieve improvements in population health.

### Collaborates Effectively (formerly C28)

* 1. 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.

**Enhances Skills**

### Optimizes Communication Skills (formerly C29)

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

### Optimizes Technical/Procedural Skills (formerly C30)

* 1. For each example activity you present, please provide the name/date/type of the activity. Describe the elements of the activity that addressed technical or procedural skills and how you evaluated the observed technical or procedural skills of the learners.
	2. For each activity, include an example of the formative feedback provided to a learner about technical or procedural skills. This may be a written description if the feedback was provided verbally.

### Creates Individualized Learning Plans (formerly C31)

* 1. Please provide a description of the types of individualized learning plans that you have offered.

### Utilizes Support Strategies (formerly C32)

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

“On behalf of [organization name], I attest that our organization has met the Critical Elements in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]”

* 1. For each example activity you present, please provide the name/date/type of the activity and describe the support strategies that were adjunctive to this activity. Provide your analysis of the effectiveness of the support strategies and describe planned or implemented improvements.

**Demonstrates Educational Leadership**

### Engages in Research/Scholarship (formerly C33)

* 1. Describe at least two scholarly projects your organization completed during the accreditation term relevant to CME and the dissemination method used for each one (e.g. poster, abstract, manuscript).
	2. For each project described above, include, the project itself (e.g. poster, abstract, presentation, manuscript).

### Supports CPD for CME Team (formerly C34)

* 1. Describe your organization’s CME team, the CPD needs that you identified for the team during the term of accreditation and the learning plan implemented based on the needs identified, including the activities external to your organization in which the CME team participated.

### Demonstrates Creativity/Innovation (formerly C35)

* 1. Present four examples of innovations implemented and describe each innovation and how it contributed to your organization’s ability to meet your mission.

**Achieves Outcomes**

### Improves Performance (formerly C36)

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

“On behalf of [organization name], I attest that our organization has met the Critical Elements in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]”

* 1. Submit a description(s) of the method(s) used to evaluate learner performance.
	2. For each example include the following information:
		1. Activity title
		2. Activity date
		3. Activity type
		4. Mechanism to determine change in performance of learners
		5. Number of learners that participated in the activity
		6. Number of learners that participated in the evaluation
		7. Number of learners that improved their performance

### Improves Healthcare Quality (formerly C37)

* 1. Describe at least two examples in which your organization collaborated in the process of healthcare quality improvement, along with the improvements that resulted.
	2. Include data (qualitative or quantitative) the demonstrates those improvements.

### Improves Patient/Community Health (formerly C38)

* 1. Describe at least two examples of your organization’s collaboration in the process of improving patient or community health that includes CME, along with the improvements that resulted.
	2. Include data (qualitative or quantitative) that demonstrates those improvements.