



Assessment Of Overall CME Program



Reflect on the following questions about your CME Program and record your observations in the space provided.

Criterion 1: The provider has a CME mission statement that includes all of the basic components with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

<p>1) Review your organization's CME Mission Statement. Does it include all of the following components: 1) purpose of the CME Program, 2) content to be included in the activities of the CME Program, 3) target audience for the CME activities, 4) the types or format of activities in your CME Program, and 5) expected results of your CME Program? If not, what is missing?</p>	<p>Your observations:</p>
<p>2) What are the expected results contained in your Mission? Are they described as changes in any of the following? <i>Competence – Knowing how to do something (Miller, 1990); ability.</i> <i>Performance – The skills, abilities, and strategies one implements in practice.</i> <i>Patient outcomes – Quality safety in patient care.</i></p>	<p>Your observations:</p>

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.

<p>3) Do you know how well your organization's CME Program is doing? Are you meeting your CME Mission? How do you know? On what data and information do you have to base an analysis? What measures did you make to say it is or is not doing well? Did you use the effectiveness of your CME activities in this review as a measure? What other measures did you use?</p>	<p>Your observations:</p>
<p>4) If you are unsure about how well your organization's CME program is doing, how can you find out? What other measures can you use?</p>	<p>Your observations:</p>
<p>5) How are the activities delivered through your CME Program helping to change learners? For example, is the content or format of your activities helping your physician audience make changes? How do you know?</p>	<p>Your observations:</p>

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Assess Your Educational Activities As A Part Of Your CME Program

Criterion 2: The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underline the professional practice gaps of their own learners.

(NOTE: A gap in practice is defined as the difference between current practice and the best available evidence. For example, from a recognized healthcare problem (such as diabetes) the gap is a change in practice that, if implemented, may result in some improvement in healthcare related to diabetes. Once the desired change in practice is identified, the need for knowledge, competence and/or performance, necessary for change to occur is identified. From that information the objective of the CME activity is developed. A problem and gap in practice may also be identified, for example, from hospital data and/or from recognition of advances in medicine not currently being used by your target population.)

Think about one of your recent CME activities in relation to C2-C6:

Activity name: _____

Now, respond to the following questions with that activity in mind.

6) Why was the activity initiated? How did you know there was a gap in practice? What problem or gap was the activity intended to address? How did you know it was related to practice gaps of your own learners?	Your observations:
7) Is there evidence that the learner's need for knowledge, a new strategy for doing something, or to change practice was considered during the planning process?	Your observations:

Criterion 3: The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

8) What were the objectives for the CME activity? Are they linked to the identified learner need for knowledge, competence, or performance? Do the objectives identify the expected results as changes in knowledge, competence, or performance?	Your observations:
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Criterion 4: The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.

(NOTE: Scope is defined as the level of medical responsibility and/or health services a practitioner is legally authorized to offer to the public.)

9) Describe (in general) the scope of practice of your physician target audience. For example, do they serve a specific patient group or multiple groups? Do the learners have both clinical and non-clinical responsibilities? Are these areas of medicine that they practice outside their specialty?	Your observations:
10) Do you know if learning activities coincide with your learners' scope of practice?	Your observations:

Criterion 5: The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

11) Was the educational format (e.g., lecture, hands on workshop, simulation) that would be best for obtaining the desired results of the CME activity, considered in the program planning process? If not why? Where could you add this in your planning process?	Your observations:
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Criterion 6: The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).

12) When the activity was planned was consideration given to the physician competency (e.g., IOM, ABMS) that it addressed?	Your observations:
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Criterion 7: The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2, and 6).

(NOTE: Please read Standards for Commercial Support 1, 2, and 6)

13) How does your planning process help ensure all decisions regarding the speakers, content, objectives, and evaluation of CME activities are not influenced by commercial sources? (SCS 1)	Your observations:
14) How do you ensure disclosure of all those in a position to control content (e.g., planners, teachers, authors) is made to the provider? (SCS 2)	Your observations:

15) When a conflict of interest (COI) is identified, what are your procedures for <i>resolving</i> it so that the content of the CME activity is not influenced by the individual's financial interests? How is resolution documented? (SCS 2)	Your observations:
16) How are relevant financial interests of all those in a position to influence CME content disclosed to the learners? (SCS 6)	Your observations:

Criterion 8: The provider appropriately manages commercial support (if applicable, SCS 3).

(NOTE: Please read Standards for Commercial Support 3)

17) What procedures and processes are in place to help assure that the CME program maintains control over commercial support (CS), including the management of grants received from commercial sources and how funds are disbursed? (SCS 3)	Your observations:
18) How do you assure learners are informed of commercial support received to support an activity?	

Criterion 9: The provider maintains a separation of promotion from education (SCS 4).

(NOTE: Please read Standards for Commercial Support 4)

19) What processes are in place to assure separation of promotion from education?	Your observations:
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Criterion 10: The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

(NOTE: Please read Standards for Commercial Support 5)

20) How do you help assure that CME activities do not contain commercial bias?	Your observations:
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Assess Your Organizational Improvement: Evaluation & Improvement Criteria

NOTE: C11-15 is analogous to ACCME's Plan-Do-Study-Act (PDSA) model that used Continuous Quality Improvement (CQI) to implement rapid change, develop interventions, to implement planned improvements and to continually revise and implement the PDSA cycle for improvement. The PDSA cycle as it relates to C11-15 may be thought of as follows:

C11-PLAN: Begin by analyzing changes in learner's competence, performance, or patient outcomes facilitated by the CME program, using data and information from individual CME activities.

C12-PLAN: Reviewing the results of CME activities collectively, and data/information about your CME program beyond the results of individual CME activities. Using data to support your conclusions consider and describe how well the CME program is meeting each component of its CME mission, including: the stated purpose, content areas, target audience, type of activities, and expected results of the program.

C13-PLAN: From the analysis of: 1) changes in competence, performance, and/or patient outcomes resulting from your CME activities, and 2) measurement of how well the CME program is meeting each component of its CME mission, identify problems and changes needed to help your CME program meet its mission. Develop plans for implementing the identified changes needed.

C14-DO: Begin implementing planned changes to improve the CME program and completing at least some of the planned changes. (NOTE: Changes may be large (e.g., changing the organization structure of the CME program, or small (e.g., changing the activity planning guide to include the ABMS competencies.)

C15-STUDY: Assess the impact the completed changes have on the ability of your CME program to meet its CME mission.

C11-15 ACT: Based on your assessment (C15) revise the interventions (planned and implemented changes) and repeat the PDSA cycle (C11 through C15) making large or small changes to improve the CME program on an ongoing basis.

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.

<p>21) (Individual activities) Again, thinking about your recent CME activity, did you evaluate the activity? Did evaluation of the activity tell you if change occurred? Did the change address the need you had identified?</p> <p>If not, how might the planning process improve enabling you to learn whether changes in competence, performance, or patient outcome occurred for individual activities?</p>	<p>Your observations:</p>
<p>22) (All activities) Does the cumulative evaluation data (from all activities) tell you if changes in competence, performance, or patient outcomes are occurring as a result of your educational activities?</p> <p>If the information is unavailable, what changes could be made to collect the information about your CME activities?</p>	<p>Your observations:</p>

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.

<p>23) Does the cumulative data from activities and from other sources inform you of whether the purpose, content areas, target audience, type of activities, and expected results, as stated in your Mission Statement, are being addressed by your CME program? What are the elements that are critical to your success – that must be preserved?</p> <p>If not, what changes might be made so that the information is available to conduct a program-based analysis?</p>	<p>Your observations:</p>
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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.

<p>24) As a result of your program analysis are you able to identify needed or desired changes required for improving the ability of the CME program to meet its mission?</p> <p>If yes, what are they? If not, what changes need to be made so that the CME program is able to identify needed or desired changes to improve on ability to meet the CME mission? Who might you enlist to help you identify areas for improvement?</p>	<p>Your observations:</p>
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Criterion 14: The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.

<p>25) Have you begun implementing any changes or improvements to your CME program?</p> <p>If yes, what are some of the changes that are underway or completed? (They may be small and/or larger changes for improvement.)</p>	<p>Your observations:</p>
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Criterion 15: The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.

<p>26) For any changes that have been made to improve the program, have the impacts of the changes been studied or measured?</p> <p>If not, how might the impact of program improvements be studied or measured? If you're not sure, how could you assess the impact of your changes?</p>	<p>Your observations:</p>
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Assess Your Organizational Engagement In The Environment

Reflect on the following questions about your organization's engagement with its environment and record your observations in the space provided. These questions relate to both general initiatives/programs/strategies that your organization may have employed and initiatives/programs/strategies as they relate to specific CME activities. (The following criteria are associated with Accreditation with Commendation. Whether seeking Accreditation with Commendation or not, completing this section will help you better understand your CME program and ACCME's Criteria.

Criterion 17: The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

27) Has your organization used any non-educational strategies to complement its educational efforts (i.e. sending reminders about techniques or information discussed at a CME activity, patient surveys, a physician "report card")? If not, can you identify any non-educational strategies that your organization could implement to enhance physician change?	Your observations:
28) When planning a CME activity, does your planning process prompt you to consider potential non-educational strategies, that might already be occurring in the hospital/organization or that could be implemented to support the change your CME program is promoting? If not, how might non educational strategies that could complement your CME activity be identified and incorporated?	Your observations:

Criterion 20: The provider builds bridges with other stakeholders through collaboration and cooperation.

Criterion 21: The provider participates within an institutional or system framework for quality improvement.

29) Does your program planning process encourage cooperation or collaboration with other initiatives (taking place inside or outside the hospital/organization) that relate to the topic of your CME activities?	Your observations:
30) Has your CME program worked on initiatives with other organizations with an interest in quality and patient safety improvements? For example, the County Department of Health Services, other hospitals, state or national foundation on healthcare, societies, or with other entities/department within your hospital/organization? If so, what were these initiatives? Did your CME program offer a CME activity related to the topic?	Your observations:

31) If your CME program or planning process does not encourage cooperation with other ongoing initiatives (inside or outside the hospital/organization) that are related to the content/topics of your CME activity(s), how might you encourage collaboration with other stakeholders on healthcare improvement efforts? Where in your planning process could you consider these issues?	Your observations:
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Criterion 18: The provider identifies factors outside the provider's control that impact on patient outcomes.

Criterion 19: The provider implements educational strategies to remove, overcome or address barriers to physician change.

32) Does your program planning process encourage the identification of factors outside of your control that are impacting patient outcomes?	Your observations:
33) Does your program planning process encourage you to consider barriers that physicians may encounter when trying to make the change your CME activity is designed to promote? If yes, do you incorporate into the CME activity a discussion of these barriers and strategies to remove, overcome, or address the barriers? Do you implement other strategies to help physicians remove, overcome, or address the barriers?	Your observations:
34) If your planning process does not prompt you to consider barriers physicians may encounter, where in your planning process could you consider identifying possible barriers?	Your observations:

Criterion 16: The provider operates in a manner that integrates CME into the process for improving professional practice.

Criterion 22: The provider is positioned to influence the scope and content of activities/educational interventions.

35) Reflecting on your responses to this self assessment exercise, to what extent is the CME program integrated into the process for improving professional practice? For example, does the CME program have access to hospital data to help identify problems or is it called upon to help address healthcare quality issues?	Your observations:
36) Reflecting on your responses to this self assessment exercise, to what extent is your CME program positioned to influence the scope and content of activities/educational interventions? Does your CME program control the development of CME activities from inception of the idea for the CME activities to its evaluation? That is, is the CME program integrally involved in all its CME activities?	Your observations:



Summary Of Your CME Program Self Assessment

Mission	C1: Does the mission statement include:	YES	NO	Un-Certain	Area for improvement
C1	Purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Target Audience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type of Activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Expected results as changes in competence, performance, and/or patient outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and	C2: Are gaps identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are gaps relevant to own learners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementation of	Is need for knowledge, competence, and/or performance identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C3: Are activities designed to change competence, performance, and/or patient outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CME	C4: Does CME content match your learner's scope of practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2-6	C5: Is the learning format appropriate to meeting the CME activity objective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C6: Does CME content address physician competencies (e.g., IOM, ABMS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standards for	C7: Is there compliance with:				
Commercial Support	SCS 1 – Independence in planning, developing, and implementing activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SCS 2 – Resolution of personal conflict of interests for all involved in the CME activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7-10	SCS 6 – Disclosure to audience for all involved in CME activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C8: Is there compliance with SCS 3 – management of commercial support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C9: Is there compliance with SCS 4 – separation of promotion from education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C10: Is there compliance with SCS 5 – CME promotes improvements, not proprietary interests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation and	C11: Were changes identified in learner's competence, performance, or patient outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C12: Was there an analysis to determine whether the CME mission was met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvement	C13: Were plans for improvement made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C14: Were improvement plans implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C15: Were planned improvements studied for effectiveness in meeting the mission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accreditation with	C16: Is the CME program integrated into a process for improving practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C17: Are non educational strategies utilized to enhance change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commendation	C18: Are factors outside the provider's control that impact on patient outcomes identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C19: Are educational strategies implemented to remove, overcome, or address barriers to change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C20: Are there collaborative initiatives with other organizations interested in improving healthcare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C21: Does the CME program work w/in institutional or system framework for quality improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C22: Does the CME program have influence over the scope and content of CME activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>