**SELF-STUDY REPORT OUTLINE FOR ACCME REACCREDITATION**

**FOR THE JULY AND NOVEMBER 2021 COHORTS**

**This document includes the questions providers will be asked to respond to in completing the Self-Study Report form.** **All information and materials must be submitted in the ACCME’s Program and Activity Reporting System (PARS),** [**https://pars.accme.org**](https://pars.accme.org)**.**

**In this form, you will provide the information requested in concise narrative explanations and statements, in tables provided, and with uploaded documents (maximum size of 25MB per document) to verify that your CME program meets the ACCME’s requirements. We encourage you to be succinct, answer the questions directly, and avoid extraneous information**.

##  PROLOGUE

* **Enter a brief narrative that tells the history of your continuing medical education (CME) Program.**
* **Upload an organizational chart that shows the leadership and organizational structure of your CME program.**

##  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.

* **Enter the expected results component of your CME mission statement. As required by Criterion 1, the expected results must be articulated in terms of changes in competence, performance, or patient outcomes.**

## 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.

* **Describe how your organization identifies the professional practice gap(s) of your learners and the educational needs that underlie the practice gap(s).**

## CRITERION 3

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

* **Describe how your organization designs activities to change the competence, performance or patient outcomes of your learners.**

## CRITERION 5

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

* **Describe how your organization chooses educational formats that are appropriate for the setting, objectives and desired results of the activity.**

## CRITERION 6

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 (ACGME) Competencies].

* **Describe how your activities/educational interventions are developed in the context of desirable physician attributes.**

## CRITERION 7 SCS 1

The provider develops activities/educational interventions independent of commercial interests. (SCS 1).

SCS 1 Independence

SCS 1.1: A CME provider must ensure that the following decisions were made free of the control of a commercial interest (see the definition of a "commercial interest" on the ACCME website at this [link](http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest)). (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

SCS 1.2: A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

* **Describe how your organization ensures that activities are planned and implemented independent of the control of any commercial interests.**

The use of employees or owners of ACCME-defined commercial interests as faculty and/or planners of accredited CME is prohibited, except in the [three (3) specific circumstances permitted by the ACCME that maintain independence as specified on the ACCME website](http://www.accme.org/ask-accme/are-there-any-circumstances-when-employees-accme-defined-commercial-interests-can-be) related to: 1) reporting about research and discovery; 2) demonstrating the operational aspects of the use of a device; and, 3) controlling content that is not related to the product lines of the commercial interest. A provider must demonstrate that it complies with ACCME requirements to ensure independence in these specific circumstances.

* **Does your organization use employees or owners of commercial interests in its accredited activities?**

**If Yes,**

* **Describe how your organization uses employees or owners of commercial interest(s) in your accredited CME activities AND how your organization ensures independence from the influence of commercial interest(s) in these circumstances.**

## CRITERION 7 SCS 2

SCS 2 Resolution of Personal Conflicts of Interest

SCS 2.1: The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "'relevant' financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

SCS 2.2: An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

SCS 2.3: The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

* **Describe all the process(es) and mechanism(s) your organization uses to a) identify relevant financial relationships and b) resolve conflicts of interest for everyone in a position to control educational content specific to their role(s), including, your process(es) to resolve conflicts for individuals who are speakers or authors, and, separately, describe your process(es) to resolve conflicts for individuals who are planners or reviewers of an accredited CME activity.**

## CRITERION 7 SCS 6

SCS 6 Disclosures Relevant to Potential Commercial Bias

SCS 6.1: An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.

SCS 6.2: For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

SCS 6.3: The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind‟ the nature of the support must be disclosed to learners.

SCS 6.4: 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

SCS 6.5: A provider must disclose the above information to learners prior to the beginning of the educational activity.

* **Describe all of the process(es) and mechanism(s) your organization uses to disclose to learners the presence or absence of all relevant financial relationships of all persons in a position to control educational content.**
* **Describe all of the process(es) and mechanism(s) your organization uses to disclose to learners the source of support from commercial interests, including the nature of “in-kind” support, if applicable. (Please indicate if your organization does not receive commercial support in the next criterion.)**

## CRITERION 8

The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial Support).

SCS 3: Appropriate Use of Commercial Support

SCS 3.1: The provider must make all decisions regarding the disposition and disbursement of commercial support.
SCS 3.2: A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
SCS 3.3: All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.
SCS 3.4: The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.
SCS 3.5: The written agreement must specify the commercial interest that is the source of commercial support.
SCS 3.6: Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.
SCS 3.7: The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
SCS 3.8: The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.
SCS 3.9: No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.
SCS 3.10: If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.
SCS 3.11: Social events or meals at CME activities cannot compete with or take precedence over the educational events.
SCS 3.12: The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.
SCS 3.13: The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support

* **Does your organization provide honoraria and/or reimbursement of expenses in any form to planners, teachers, and/or authors?**

**If Yes,**

* **Upload your policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors.**
* **Does your organization accept commercial support?**

 **If Yes,**

* **Describe your process(es) for the receipt and disbursement of commercial support (both funds and in‐kind support);**
* **Describe how your organization ensures that social events or mealsdo not compete with education;**
* **Describe how your organization ensures that you do not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity.**

## CRITERION 9

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

SCS 4: Appropriate Management of Associated Commercial Promotion
SCS 4.1: Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.
SCS 4.2: Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME. For print, advertisements and promotional materials will not be interleafed within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity. For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleafed between computer ‘windows’ or screens of the CME content. (Supplemented February 2014; the information that follows previously appeared in ACCME policies. No changes have been made to the language.) Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers’ product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleafed between computer windows or screens of the CME content. For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no ‘commercial breaks.’ For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity. Supplemented, February 2014; the information that follows previously appeared in ACCME policies. No changes have been made to the language.) For Journal-based CME, none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.
SCS 4.3: Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.
SCS 4.4: Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.
SCS 4.5: A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

* **Does your organization arrange for commercial exhibits in association with your CME activities?**

**If Yes,**

* **Describe how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities.**
* **Does your organization arrange for advertisements in association with any of your CME activities?**

**If Yes,**

* **Describe how your organization ensures that advertisements or other product‐promotion materials are kept separate from the education. In your description, distinguish between your process(es) related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer‐based materials, (3) audio and video recordings, and (4) face‐to‐face.**
* **Does your organization use a commercial interest to distribute or provide electronic access to your CME activities?**

**If Yes,**

* **Describe the circumstances in which your organization uses commercial interest(s) to distribute or provide electronic access to your CME activities.**

## CRITERION 10

The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

SCS 5: Content and Format Without Commercial Bias

SCS 5.1: The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
SCS 5.2: Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

It is an expectation of the ACCME that the content of CME activities does not promote the proprietary interests of any commercial interests (i.e., there is no commercial bias) and that your CME activities give a balanced view of therapeutic options.

* **Describe how you ensure that the content of CME activities and your CME program does not promote the proprietary interests of any commercial interests (i.e., there is no commercial bias) and that your CME activities give a balanced view of therapeutic options.**

## 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.

* **Based on data and information gathered from your program’s activities/educational interventions, provide a narrative that describes the conclusions of your analysis of changes achieved in your learners’ competence, performance, or in patient outcomes (i.e., describe whether or not your activities/educational interventions achieved the changes in learners’ competence, performance, or patient outcomes that they were designed to change).**

## 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.

* **Based on data and information gathered, provide a narrative that describes the conclusions of your program‐based analysis on the degree to which the expected results component of your CME mission has been met through the conduct of your CME activities/educational interventions.**

## CRITERION 13

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

* **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.**

## CME Clinical Content Validation Policy

Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.

Definition of CME: Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

The ACCME requires that the content of all CME activities meets the ACCME’s Clinical Content Validation policy, and that the subject matter is within the ACCME's Definition of CME.

* **Describe how you ensure that your CME activities and your program of continuing medical education meets the ACCME’s Clinical Content Validation policy, and that the subject matter is within the ACCME’s Definition of CME.**

## Attendance Records Retention Policy

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.

* **Describe the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities.**
* **Upload an example of the information or report(s) your mechanism can produce for an individual participant.**

## AMA Designation Statement

Documentation Requirements for *AMA PRA Category 1 Credit™*: The ACCME collects additional evidence for the American Medical Association (AMA) from the sample of your activities selected for performance-in-practice review to demonstrate how well and how consistently your organization is meeting some of the AMA PRA Category 1 Credit™ requirements. As a service to both the provider and the credit system, the ACCME collects this evidence and transmits it for the AMA’s review and follow‐up with providers.

*This information will not be considered as part of your ACCME accreditation decision and will not elicit feedback from the ACCME.*

* **In a PDF file, create a bookmark for each activity selected for review, using this format to name each bookmark: [Brief Activity Title]YYYYMMDD.] Upload the evidence as a single PDF file named “ACCME Provider ID #\_AMA”.**

Menu of New Criteria for Commendation (Select Eight from Criteria 23-38)
**If your organization chooses to submit for Accreditation with Commendation, you must demonstrate compliance with any 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.***

* **Is your organization submitting for Accreditation with Commendation? (Yes/No)**

**Based on the number of activities we will implement in the current term of accreditation, our organizational program size is:**

* **Small: <39**
* **Medium: 40-100**
* **Large: 101-250**
* **Extra Large: > 250**

## CRITERION 23

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

* If your organization engages members of interprofessional teams in the planning and delivery of interprofessional continuing education, by checking the box below, you attest to the following:

**We attest that our organization has met the Critical Elements for Criterion 23 in at least 10% of the CME activities (but no less than two activities) during the accreditation term.**

**Click the box to attest.**

**Submit evidence for your activities (Small: 2; Medium 4; Large: 6; Extra Large: 8). For each example activity, please complete the table below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ActivityTitle | Activity Date | Activity Type | List the professions of the planners | List the professions fo the 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. |
|  |  |  |  |  |  |

## CRITERION 24

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

* If your organization engages patient/public representatives in the planning and delivery of CME, by checking the box below, you attest to the following:

**We attest that our organization has met the Critical Elements for Criterion 24 in at least 10% of the CME activities (but no less than two activities) during the accreditation term.**

**Click the box to attest.**

* **Submit evidence for your activities (Small: 2; Medium 4; Large: 6; Extra Large: 8). For each example activity, please complete the table below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity Name | 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. |
|  |  |  |  |  |  |

## CRITERION 25

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

* If your organization engages health professions’ students in the planning and delivery of CME, by checking the box below, you attest to the following:

**We attest that our organization has met the Critical Elements for Criterion 25 in at least 10% of the CME activities (but no less than two activities) during the accreditation term.**

**Click the box to attest.**

* **Submit evidence for your activities (Small: 2; Medium 4; Large: 6; Extra Large: 8). For each example activity, please complete the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Name | 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 they 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. |
|  |  |  |  |  |

## CRITERION 26

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

* **Submit evidence for your activities (Small: 2; Medium 4; Large: 6; Extra Large: 8). For each example activity, please complete the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Name | 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. |
|  |  |  |  |  |

## CRITERION 27

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

* If your organization addresses factors beyond clinical care that affect the health of populations, by checking the box below, you attest to the following:

**We attest that our organization has met the Critical Elements for Criterion 27 in at least 10% of the CME activities (but no less than two activities) during the accreditation term.**

**Click the box to attest.**

* **Submit evidence for your activities (Small: 2; Medium 4; Large: 6; Extra Large: 8). For each example activity, please complete the table below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Name | Activity Date | Activity Type | Describe the strategies used to achieve improvements in population health. |
|  |  |  |  |

## CRITERION 28

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

* **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 |  |
| Example 2 |  |
| Example 3 |  |
| Example 4 |  |

## CRITERION 29

The provider designs CME to optimize communication skills of learners.

* **Submit evidence for your activities (Small: 2; Medium 4; Large: 6; Extra Large: 8). For each example activity, please complete the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Name | 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. | Upload an example of the formative feedback provided to a learner about communication skills. |
|  |  |  |  |  |

## CRITERION 30

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

* **Submit evidence for your activities (Small: 2; Medium 4; Large: 6; Extra Large: 8). 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. | Upload an example of the formative feedback provided to a learner about psychomotor technical or procedural skills. |
|  |  |  |  |  |  |

## CRITERION 31

The provider creates individualized learning plans for learners.

* If your organization creates individualized learning plans for learners, by checking the box below, you attest to the following:

**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.**

**Click the box to attest.**

* **Please complete the table below describing the learning plan(s) and the the number of learners that matches the size of your CME program, as stated in the Standard (small: 25; medium: 75; large: 125; extra‐large: 200) and upload an example of the individualized feedback provided to the learners to close the practice gap(s).**

|  |  |  |
| --- | --- | --- |
| 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? | Upload an example of individualized feedback provided to the learner to close practice gaps. |
|  |  |  |

## CRITERION 32

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

* If your organization utilizes support strategies to enhance change as an adjunct to its CME, by checking the box below, you attest to the following:

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

**Click the box to attest.**

* **Submit evidence for your activities (Small: 2; Medium 4; Large: 6; Extra Large: 8). For each example activity, please complete the table below.**

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

## CRITERION 33

The provider engages in CME research and scholarship.

* **Submit two examples of how you engage in CME research and scholarship.**

|  |  |  |
| --- | --- | --- |
|  | Describe 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). Use one row of the table below for each project description. | For each project, upload the project itself (e.g. poster, abstract, presentation, manuscript).  |
| Example 1 |  | UPLOAD FILE |
| Example 2 |  | UPLOAD FILE |

## CRITERION 34

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

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

## CRITERION 35

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

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

|  |  |
| --- | --- |
| Example 1 |  |
| Example 2 |  |
| Example 3 |  |
| Example 4 |  |

## CRITERION 36

The provider demonstrates improvement in the performance of learners.

* If your organization demonstrates improvement in the performance of learners, by checking the box below, you attest to the following:

**We attest that our organization has met the Critical Elements for Criterion 36 in at least 10% of the CME activities (but no less than two activities) during the accreditation term.**

**Click the box to attest.**

* **Describe the method(s) used to measure performance changes of learners.**
* **Submit evidence for your activities (Small: 2; Medium 4; Large: 6; Extra Large: 8). For each example activity, please complete the table below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | Number of learners that participated in the activity | Number of learners whose performance was measured | Number of learners that improved performance | Itemize the method(s) used to measure change in performance of learners | Data or information demonstrating the improvements in the performance of learners |
|  |  |  |  |  |  |  |  |

## CRITERION 37

The provider demonstrates healthcare quality improvement.

* **Describe two examples of your organization’s collaboration in the process of healthcare quality improvement that includes CME, along with the improvements that resulted. Include data (qualitative or quanitative) that demonstrate those improvements.**

|  |  |
| --- | --- |
| Example 1 |  |
| Example 2 |  |

## CRITERION 38

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

* **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 |  |
| Example 2 |  |

## OPTIONAL SECTION

**THE INFORMATION SUBMITTED FOR THIS SECTION WILL NOT BE USED IN THE ACCREDITATION PROCESS**

Share your successes! We are sharing examples of real-world exemplary practices to help build a community of practice that enables CME providers to learn from each other, continually improve their education, and demonstrate how accredited CME measurably improves healthcare. We share these examples on our website, social media, and other publications, and at our workshops and meetings.

* **If you would like to submit an example for consideration, think about which activity or initiative you are most proud of or excited about. Please use the space below to give us a concise narrative description explaining the goal and results of the activity or initiative.**
* **If we select your story, we will contact you with follow-up questions, edit the narrative to fit our style, and share the final version with you prior to publication for your approval. We would include your name and the name of your organization.**