

SELF-STUDY REPORT: COMMENDATION CRITERIA

Instructions: Organizations pursuing accreditation with commendation are required to complete the **Self-Study Report — Accreditation with Commendation** in addition to the **Self-Study Report — Reaccreditation and Initial Accreditation**. The following pages include the menu of 16 criteria (Criteria 23-38) and instructions for submitting evidence to demonstrate compliance with the ACCME/FMA’s Criteria for Accreditation with Commendation. To be eligible for accreditation with commendation, CME 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. Please do not include descriptions/evidence for more than eight criteria. To complete the form, click the boxes to make a selection and/or complete the table provided for the criterion. **Please do not edit, delete, or modify content in this form.**

Submission of the Self-Study Report — Accreditation with Commendation and Attachments: Send the completed report (Word document format) and labeled attachments along with the **Self-Study Report — Reaccreditation and Initial Accreditation** and its attachments in a single email to: cprine@flmedical.org.

The size of your CME program will determine the number of activities for which you must submit evidence/examples for several of the criteria, as indicated in the outline that follows. 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.

1. Select the size of your CME Program:

- S (small): <39 M (medium): 40 -100 L (large): 101-250 XL (extra large): >250

2. Select the criteria you have chosen to address:

- | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | <input type="checkbox"/> 31 | <input type="checkbox"/> 35 |
| <input type="checkbox"/> 24 | <input type="checkbox"/> 28 | <input type="checkbox"/> 32 | |
| <input type="checkbox"/> 25 | <input type="checkbox"/> 29 | <input type="checkbox"/> 33 | |
| <input type="checkbox"/> 26 | <input type="checkbox"/> 30 | <input type="checkbox"/> 34 | |

You must select at least one criterion from the Achieves Outcomes category:

- 36 37 38

Criterion 23

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

1. 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: **I 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.

2. For each example (#), **complete** the table below. Submit evidence for your activities based on the size of your program (S:2; M:4; L:6; XL:8).

	Activity Name	Activity Date	Activity Type	Describe the professions engaged in the planning and delivery of the activity.	Describe what the activity was designed to change in terms of competence or performance of the healthcare team.
#1				Planning: ----- Faculty:	
#2				Planning: ----- Faculty:	
#3				Planning: ----- Faculty:	
#4				Planning: ----- Faculty:	
#5				Planning: ----- Faculty:	
#6				Planning: ----- Faculty:	
#7				Planning: ----- Faculty:	
#8				Planning: ----- Faculty:	

Criterion 24

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

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

2. For each example (#), **complete** the table below. Submit evidence for your activities based on the size of your program (S:2; M:4; L:6; XL:8).

	Activity Name	Activity Date	Activity Type	Describe in what way the planners and presenters of the activity represent the patient or public.	Describe the role they played in the planning AND delivery of your CME activity.
#1				Planners: Faculty:	Planning: Faculty:
#2				Planners: Faculty:	Planning: Faculty:
#3				Planners: Faculty:	Planning: Faculty:
#4				Planners: Faculty:	Planning: Faculty:
#5				Planners: Faculty:	Planning: Faculty:
#6				Planners: Faculty:	Planning: Faculty:
#7				Planners: Faculty:	Planning: Faculty:
#8				Planners: Faculty:	Planning: Faculty:

Criterion 25

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

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

2. For each example (#), **complete** the table below. Submit evidence for your activities based on the size of your program (S:2; M:4; L:6; XL:8).

	Activity Name	Activity Date	Activity Type	Describe the health professions' students involved in the planning and delivery of the activity, including their profession and level of study (e.g. undergraduate medical students, nurse practitioner students, residents in general surgery).	Describe how they participated as both planners AND faculty of the activity.
#1				Planning: Faculty:	Planners: Faculty:
#2				Planning: Faculty:	Planners: Faculty:
#3				Planning: Faculty:	Planners: Faculty:
#4				Planning: Faculty:	Planners: Faculty:
#5				Planning: Faculty:	Planners: Faculty:
#6				Planning: Faculty:	Planners: Faculty:
#7				Planning: Faculty:	Planners: Faculty:
#8				Planning: Faculty:	Planners: Faculty:

Criterion 26

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

For each example (#), **complete** the table below. Submit evidence for your activities based on the size of your program (S:2; M:4; L:6; XL:8).

	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.
#1					
#2					
#3					
#4					
#5					
#6					
#7					
#8					

Criterion 27

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

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

2. For each example (#), **complete** the table below. Submit evidence for your activities based on the size of your program (S:2; M:4; L:6; XL:8).

	Activity Name	Activity Date	Activity Type	Describe the strategy or strategies that learners can use to achieve improvements in population health.
#1				
#2				
#3				
#4				
#5				
#6				
#7				
#8				

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, **complete** the table below.

	Describe four collaborations with healthcare or community organizations during the accreditation term.	Describe how each collaboration augmented your organization’s ability to address population health issues.
#1		
#2		
#3		
#4		

Criterion 29

The provider designs CME to optimize communication skills of learners.

1. For each example (#), **complete** the table below. Submit evidence for your activities based on the size of your program (S:2; M:4; L:6; XL:8).

	Activity Name	Activity Date	Activity Type	Describe the evaluation of communications skills used for learners in this activity.
#1				
#2				
#3				
#4				
#5				
#6				
#7				
#8				

2. For each activity described above, **attach** 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). **Label** your documentation: **Attachment 7 — Formative Feedback/Example <<#>>**

Criterion 30

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

1. For each example (#), **complete** the table below. Submit evidence for your activities based on the size of your program (S:2; M:4; L:6; XL:8).

	Activity Name	Activity Date	Activity Type	Describe the evaluation of observed technical or procedural skills used for learners in this activity.
#1				
#2				
#3				
#4				
#5				
#6				
#7				
#8				

2. For each activity described above, **attach** 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). **Label** your documentation: **Attachment 8 — Formative Feedback/Example <<#>>**

Criterion 31

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

1. If your organization creates individualized learning plans for learners, **provide** a brief explanation in the box below.

[Click here to enter text.](#)

2. **Attach** evidence of repeated engagement and feedback for the number of learners that matches the size of your CME program, as stated in the Standard (S:25; M:75; L:125; XL:200). **Label** your documentation: **Attachment 9 — Repeated Engagement and Feedback**

Criterion 32

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

1. 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: **I 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.

2. For each example (#), **complete** the table below. Submit evidence for your activities based on the size of your program (S:2; M:4; L:6; XL:8).

	Activity Name	Activity Date	Activity Type	Describe the support strategy(s) that were adjunctive to this activity.	Provide your analysis of the effectiveness of the support strategy(s).	Describe planned or implemented improvements.
#1						
#2						
#3						
#4						
#5						
#6						
#7						
#8						

Criterion 33

The provider engages in CME research and scholarship.

1. If your organization engages in CME research and scholarship, **complete** the table below. To add more rows — right click on the last row in the table, select **Insert**, then select **Insert Rows Below**.

	Describe <u>at least two scholarly projects</u> your organization completed during the accreditation term relevant to CME.	Describe the dissemination method used for each one (e.g. poster, abstract, manuscript).
#1		
#2		

2. **Attach** the actual projects (e.g. poster, abstract, presentation, manuscript). **Label** your documentation: **Attachment 10 — Project <<#>>**

Criterion 34

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

Complete the table below.

Describe your organization's CME team.	Describe the CPD needs that you identified for the team during the term of 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, **complete** the table below.

	Describe <u>four examples</u> of innovation in the evolution of your CME program during the accreditation term.	Describe how the innovation contributed to your organization’s ability to meet its CME mission.
#1		
#2		
#3		
#4		

Criterion 36

The provider demonstrates improvement in the performance of learners.

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

2. For each example (#), **complete** the table below. Submit evidence for your activities based on the size of your program (S:2; M:4; L: 6; XL:8).

	Activity Title	Activity Date	Activity Type	# of learners that participated in the activity	# of learners whose performance was measured	# of learners that improved their performance	Itemize the method(s) used to measure change in performance of learners.	Data or information that demonstrates the improvements in the performance of learners.
#1								
#2								
#3								
#4								
#5								
#6								
#7								
#8								

Criterion 37

The provider demonstrates healthcare quality improvement.

1. If your organization demonstrates healthcare quality improvement related to its CME program, **complete** the table below. To add more rows — right click on the last row in the table, select **Insert**, then select **Insert Rows Below**.

	Describe <u>at least two examples</u> in which your organization collaborated in the process of healthcare quality improvement.	Describe the improvements that resulted.
#1		
#2		

2. **Attach** data (qualitative or quantitative) that demonstrates those improvements. **Label** your documentation: **Attachment 11 — Improvement Data/Example <<#>>**

Criterion 38

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

1. If your organization demonstrates the impact of its CME program on patients or their communities, **complete** the table below. To add more rows — right click on the last row in the table, select **Insert**, then select **Insert Rows Below**.

	Describe <u>at least two examples</u> of your organization’s collaboration in the process of improving patient or community health that includes CME.	Describe the improvements that resulted.
#1		
#2		

2. **Attach** data (qualitative or quantitative) that demonstrates those improvements. Label your documentation: **Attachment 12 — Improvement Data/Example <<#>>**