



2024 CME Providers Conference Thurs. & Fri., Nov. 7-8, 2024

Hilton UF Conference Center, Gainesville

AGENDA

Thursday, November 7th

- | | |
|------------------|---|
| 12:00 to 1:00 pm | Registration/Check-In – Box Lunch available |
| 1:00 to 1:30 pm | Nuestra Casa Es Su Casa: Welcome and Announcements
Melissa Carter, Fran Jamross, and Courtney Trim, FMA Staff |
| 1:30 to 3:00 pm | Dust Off Your Sombreros: Exploring the Planning Criteria
<i>Debbie Platek - President, CME Mentors</i> |
| 3:00 to 3:15 pm | Break |
| 3:15 to 4:30 | No Time for Siesta: CME Mission & Program Improvement
<i>Debbie Platek - President, CME Mentors</i> |
| 4:30 to 5:15 pm | ¿Cómo Estás? Strategy Session: Challenges, Tips & Tools |
| 5:30 to 6:30 pm | Tiempo de Fiesta - Reception |

Friday, November 8th

- | | |
|-------------------|---|
| 7:00 to 8:00 am | Registration/Check-In -
Breakfast |
| 8:00 to 8:15 am | Olé, Olé, Olé: Welcome and Announcements
FMA Staff |
| 8:15 to 9:45 am | Éxito!: A Collaborative Approach to Wellness
<i>Lisa J. Merlo, PhD, MPE - Professor, Dept. of Psychiatry, UF College of Medicine</i> |
| 9:45 to 10:00 am | Break |
| 10:00 to 12:00 pm | In Queso You Didn't Know: ACCME Update – New Opportunities & Challenges
<i>Dion Richetti - Vice President of Education and Outreach, Accreditation Council for Continuing Medical Education (ACCME)</i> |
| 12:00 to 1:00 pm | Holy Guacamole: Lunch and Networking |
| 1:00 to 2:15 pm | Shake Your Maracas: Cases to Test and Expand Our Competence
Dion Richetti, Debbie Platek, and FMA Staff |
| 2:15 to 2:30 pm | “Hasta la Vista, Baby”: Final wrap-up and questions |



Dust Off your Sombreros: Exploring the Planning Criteria

Debbie Platek, MS

President, CME Mentors

2024 FMA CME Providers Conference

Accreditation Requirements: 3 Parts



Accreditation
Criteria

8 Core Criteria
16 Commendation
Criteria



Standards for Integrity and
Independence in Accredited
Continuing Education



Policies

The 8 Core Accreditation Criteria



CME Mission and Program Improvement

- Mission
- Program Analysis
- Program Improvements

Educational Planning and Evaluation

- Educational Needs
- Designed to Change
- Appropriate Formats
- Competencies
- Analyzes Change

Core Criteria: CME Mission and Program Improvement

MISSION: 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.

PROGRAM ANALYSIS: 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.

PROGRAM IMPROVEMENTS: 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.

Core Criteria: Educational Planning and Evaluation

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

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

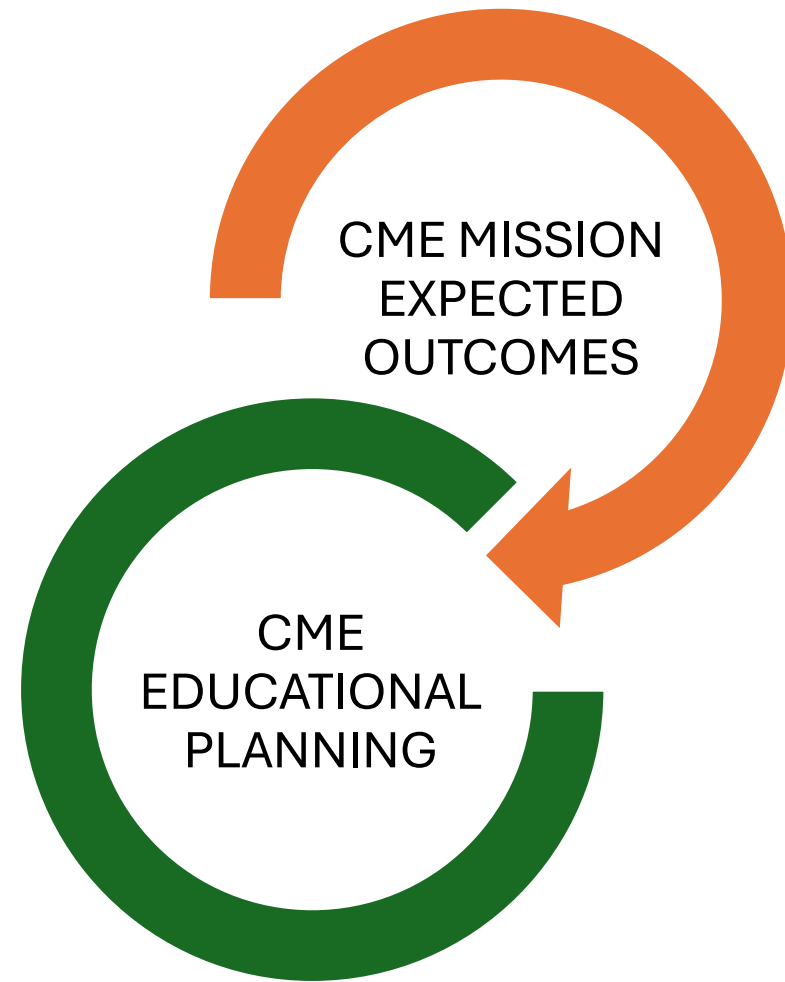
APPROPRIATE FORMATS: The provider **chooses educational formats** for activities/ interventions that are appropriate for the setting, objectives, and desired results of the activity.

Core Criteria: Educational Planning and Evaluation (cont.)

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

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

What's the
Connection?



It's the linkage
between the design
of your activities and
what you hope to
change in your
learners



The CME Mission Statement:

“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.”

“Competence” is:

- “Knowing how to do something”

Miller, G. The assessment of clinical skills/competence/performance. *Academic Medicine*, 65(9):S63-7, 1990

- ...is a combination of knowledge, skills and performance...the ability to apply knowledge, skills and judgment in practice.

Sanford, B. (Ed.). *Strategies for maintaining professional competence: A manual for professional associations and faculty*. Toronto, Canada: Canadian Scholars Press, Inc, 1989

- The simultaneous integration of knowledge, skills, and attitudes required for performance in a designated role and setting.

Spencer, L.M., McClelland, D.C., & Spencer, S.M. (1994). *Competency assessment methods: History and state of the art*. Hay/McBer Research Press.

“Competence” is:

- In the context of evaluating effectiveness of a CME activity in the ACCME System, the extent to which learners know how to implement (or stop doing) what the activity intended to teach them.

https://accme.org/wp-content/uploads/2024/05/11_20210826_revised-AMA_ACCME-Glossary_of_Terms-1.pdf

“Performance” is:

- What one actually does, in practice. Performance is based on one’s competence but is modified by system factors and the circumstances.

From Terms and Definitions to Support Understanding of ACCME’s Accreditation Criteria

- In the context of evaluating effectiveness of a CME activity in the ACCME system, the extent to which learners do what the CME activity intended them to be able to do (or stop doing) in their practice.

https://accme.org/wp-content/uploads/2024/05/11_20210826_revised-AMA_ACCME-Glossary_of_Terms-1.pdf

Mission Statement - Example A

The University of Central Florida College of Medicine's Continuous Professional Development (CPD) Mission is to change our learners' competence, performance or patient outcomes. In order for the CPD Program to achieve its mission, 70% of the activity respondents will have indicated changes in competence, performance or patient outcomes on the evaluations and outcome surveys as a result of their participation in CPD educational activities. CPD will accomplish the expected results by developing and implementing a broad range of educational activities designed to convey up-to-date clinical practices and faculty development.

What is this provider's expected outcome for their CME Program: changes in competence, performance, or patient outcomes?

Mission Statement - Example B

The University of Miami Miller School of Medicine's mission is to provide state-of-the-art, translational and evidence-based information to enhance the quality of education, research, and clinical practice, to foster professional growth, to stimulate intellectual (academic) curiosity, and to promote excellence in the delivery of health care in South Florida and internationally. These educational activities will be relevant to medical knowledge, clinical performance, soundly performed research, and/or patient outcomes.

What is this provider's expected outcome for their CME Program: changes in competence, performance, or patient outcomes?

Educational Planning and Evaluation Criteria

EDUCATIONAL NEEDS	DESIGNED TO CHANGE	APPROPRIATE FORMATS	COMPETENCIES	ANALYZES CHANGE
The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.	The provider develops activities/educational interventions in the context of desirable physician attributes [eg, Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.



Planning: Needs and Gaps

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

FMA Requirements for Activity Files

- Applicants applying for FMA accreditation are required to audit a certain percentage of CME activity files to demonstrate their actual **performance-in-practice** using a special form called the **Structured Abstract**



PERFORMANCE-IN-PRACTICE STRUCTURED ABSTRACT FOR REACCREDITATION

For reference by organizations receiving accreditation decisions in 2023

This Performance-in-Practice Structured Abstract document includes the questions that accredited providers will be asked to respond to in completing the activity audit (up to 15). **It is provided for informational purposes only. Questions may be modified for clarity and completeness at any time.**

In the Performance-in-Practice Structured Abstract, you will provide the information requested in concise narrative explanations and statements, in tables provided, and with attachments to verify that your CME program meets the FMA's accreditation requirements. We encourage you to be succinct, answer the questions directly, and avoid extraneous information. Only provide attachments where indicated.

(Note: If Regularly Scheduled Series (RSS) are selected, submit evidence for the series, not just for a single session or a sampling of sessions. The series is the activity. Therefore, you will demonstrate compliance for the RSS in the same manner as for a large annual meeting with multiple sessions.)

ACCME and CMA-accredited providers:

All information and materials must be submitted in the ACCME's Program and Activity Reporting System (PARS), <https://parsa.accme.org/>. The structure of this document has been created to assist in navigating this form in preparation for submission in PARS.

FMA-accredited providers:

At this time, all information and required attachments in support of your Performance-in-Practice audit must be submitted directly to the FMA. Submit each abstract and supporting materials as one bookmarked PDF via email.

CME ACTIVITY INFORMATION

Provider ID: Enter Response Here

Provider Name: Enter Response Here

FMA Activity ID: N/A

Activity Title: Enter Response Here

Activity Date: Enter Response Here

Activity Format: Enter Response Here
(e.g., Live Course, RSS, Enduring Material, etc.)

Providership: ☐ Direct ☐ Joint

Commercial Support: ☐ Yes ☐ No

SAMPLE - NOT FOR SUBMISSION

ACCME® Performance-in-Practice Abstract for ACCME Reaccreditation
Adopted by Florida Medical Association
Page 1 of 10

The “Professional Practice Gap”

(What’s the problem?)

Actual
Practice

Ideal
Practice

“Now”

“Then”



Current
State

Proposed
State

The “Educational Need”

(What’s the underlying cause?)

Is it a lack of...

- ✓ **Information?**
(knows/knows how)
- ✓ **Strategies or tools?**
(shows)
- ✓ **Application** of the
information, strategies
and/or tools? (does)

“Knowledge”

“Competence”

“Performance”

Sources for Identifying Practice Gaps & Needs

**Evaluation Data
from previous
CME Activity**

**Membership or
Attendee
Surveys**

**Scientific
Literature
(Journals,
Reports)**

**Consensus of
Experts
(Committees,
Guidelines)**

**Internal Quality
or Patient Data**

**Feedback from
Leaders or
Patients**

**Legislative or
Regulatory
Changes**

**Board or
Licensure
Requirements**

**Public Health
Data (CDC, NIH)**

**Joint
Commission
Reports**

**Florida
Department of
Health**

**Input from
Organizational
Leadership**



Planning: Designing for Change

- Activities are designed to change competence, performance, or patient outcomes as described in its mission statement.

The “Outcome”

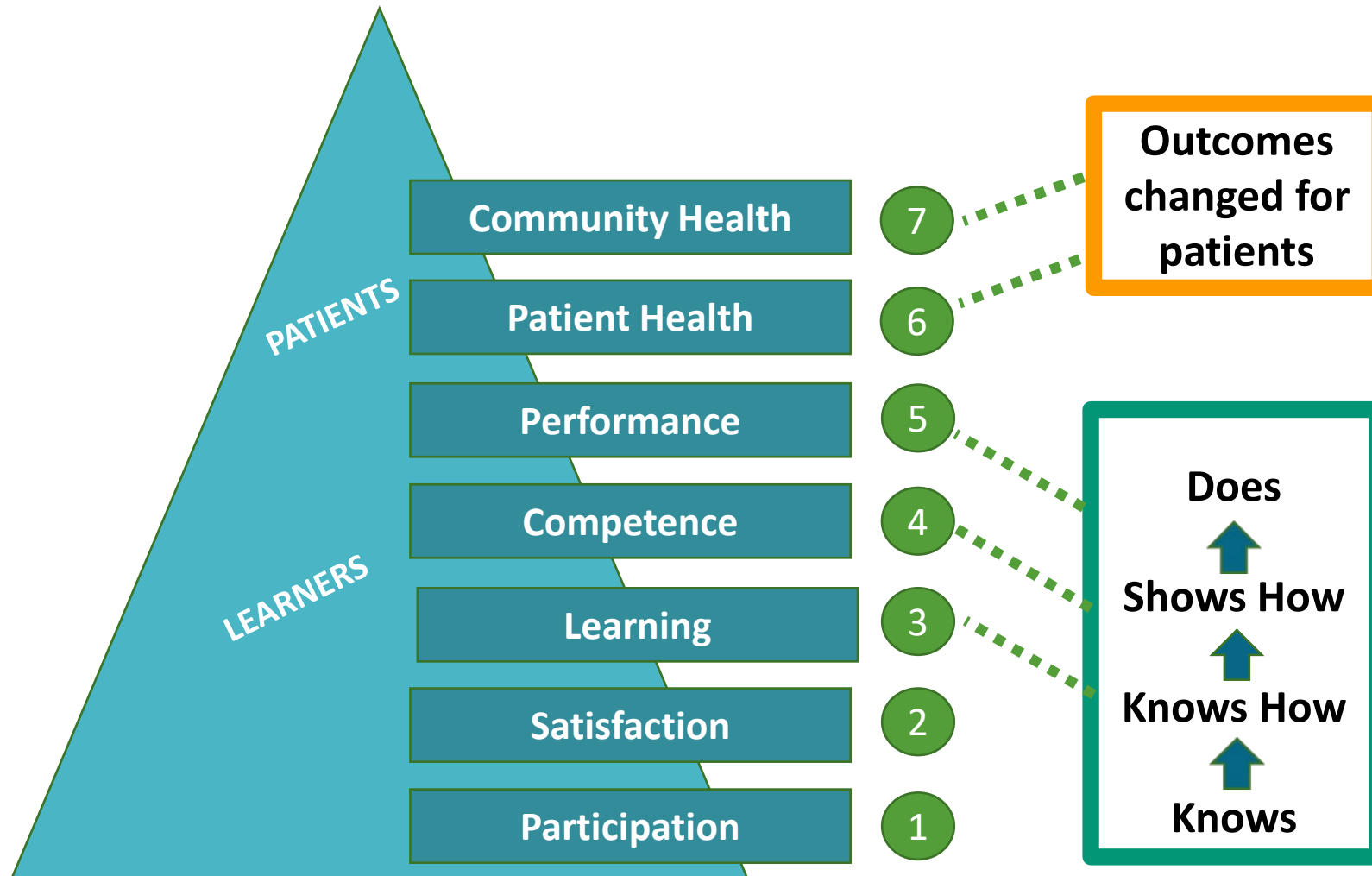
(What change(s) are you trying to achieve?)

Changes in Learners’ Competence

Changes in Learners’ Performance

Changes in Patient Outcomes

Moore's Updated Model of Outcomes



Moore's Model Shown Another Way

Level	Outcomes	Definition
1	Participation	Number of participants
2	Satisfaction	Degree to which participant expectations were met
3a	Learning- declarative knowledge	Participants can say what they were supposed to learn
3b	Learning- procedural knowledge	Participants can state how to do what they learned
4	Competence	Learners can do what they learned in an educational setting
5	Performance	Participants can do what they learned in their practice setting
6	Patient health	Change in patient health status
7	Community health	Change in community health status



Planning: Format

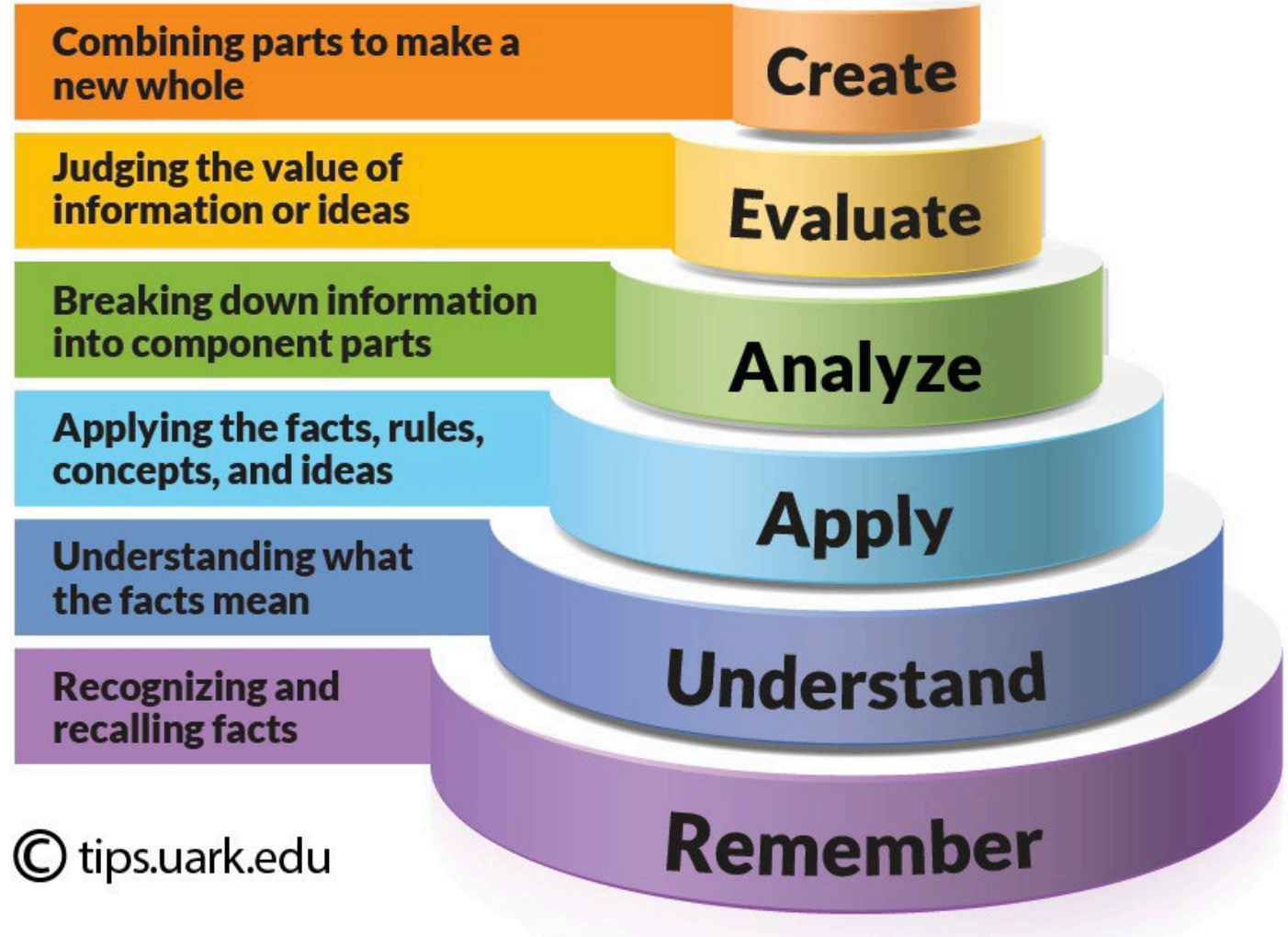
- Educational formats are appropriate for the setting, objectives, and desired results of the activity.

Format Examples

- In-person lectures
- Webinars (live, enduring)
- Panel discussions
- Case studies
- Problem-based learning
- Learner discussion groups
- Simulation exercises
- Pro vs Con sessions
- Self-reflection exercises
- Other formats?

Using Bloom's Taxonomy

- Match verbs to the desired learning outcomes
- Consider the six levels when crafting
 - Learning objectives
 - Design/format of activity
 - Assessment tools





Consider

1. What do you do when you're given poorly written learning objectives?
2. What's the difference between Speaker Objectives and Learning Objectives?

How could these objectives be improved?

At the end of this activity learners will be able to:

1. List the types of lung cancer
2. Become familiar with lung cancer staging guidelines
3. Understand treatment options for lung cancer
4. Provide information on resources for lung cancer



Planning: Competencies

- Activities are developed in the context of desirable physician attributes [eg, Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].

Desirable Physician Attributes/Competencies

ACGME / ABMS	Institute of Medicine	Interprofessional Collaborative Practice
<p>Patient Care provide care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health</p> <p>Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care</p> <p>Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care</p> <p>Interpersonal and Communication Skills that results in effective information exchange and teaming with patients, their families, and other health professionals</p> <p>Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population</p> <p>Systems-Based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value</p>	<p>Provide patient-centered care Identify, respect, and care about patients' differences, values, preferences and expressed needs; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health</p> <p>Work in interdisciplinary teams Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable</p> <p>Employ evidenced-based practice Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible</p> <p>Apply quality improvement Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality</p> <p>Utilize informatics Communicate, manage, knowledge, mitigate error, and support decision making using information technology</p>	<p>Values/Ethics for Interprofessional Practice Work with individuals of other professions to maintain a climate of mutual respect and shared values. Based on the common goal of providing high quality, patient-centered health care, demonstrate mutual respect, trust, integrity, high standards of ethics while valuing differences when working with members of other health professions.</p> <p>Roles/Responsibilities Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served. Understand the roles and responsibilities of the different health care professionals on the team in providing safe, efficient, and effective patient-centered health care that optimizes outcomes.</p> <p>Interprofessional Communication Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease. Communicate effectively with patients, families and other health professionals by responding respectfully, listening actively, and seeking common understanding.</p> <p>Teams and Teamwork Apply relationship-building values and principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable. Demonstrate effective team work by applying principles of team dynamics, process improvement, and conflict management.</p>

Think – Pair – Share

“We need a CME on
Diabetes.”



Think – Pair – Share

“Our patient satisfaction numbers have fallen.”



Planning: Evaluation



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

Measuring for Changes in Competence

- Pre- and Post-tests for comparison to base-line
- Case Studies formats where learners respond via ARS
- Skills observation by a trainer during a simulation activity
- Problem-based learning done in groups
- Objective post-tests using case study questions

“Intent to Change” Questions:

- What will you change as a result of your participation in this activity?
- What new information, tools or strategies did you learn that you will apply to your professional practice?
- Based on what you know now, what will you do differently?
- Describe the changes you intend to make as a result of this activity

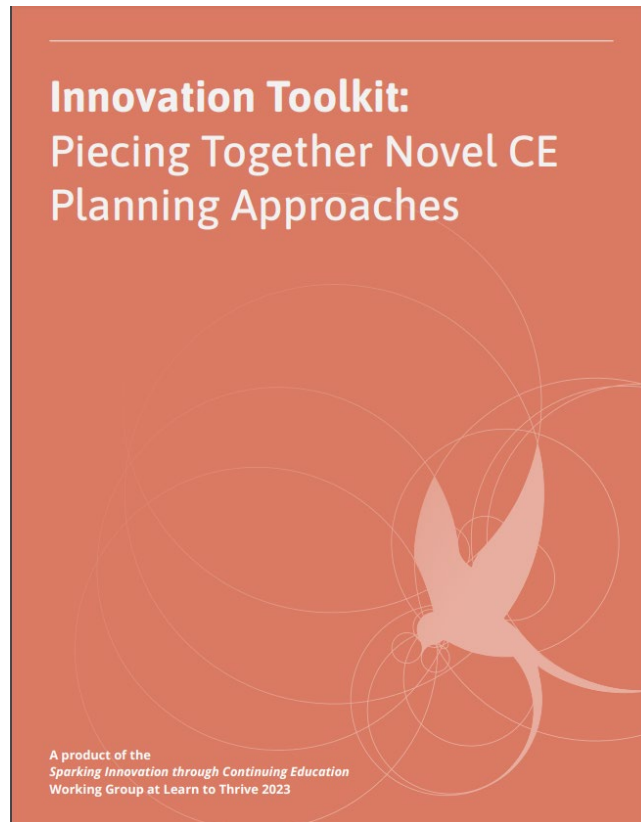
Measuring for Changes in Performance

- Compare organizational QI data; adherence to guidelines before/after CME
- Chart audits of patient data before/after CME
- Observations during patient encounters or in the practice setting
- Self-reported changes on performance checklists
- Post-activity surveys of learners (e.g., 3, 6 or 9 mos. later):
 - DID you change your practice as a result of your participation in the activity? Describe.
 - DID you apply new information, tools or strategies learned to your professional practice? If so, describe what was applied/how you changed.
- Focus Groups

Measuring for Changes in Patient Outcomes

- Comparison of quality or patient data before/after CME intervention
- Monitoring changes in community/county/state health data over time
- Focus Groups, patient surveys
 - e.g., HCAPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Surveys; Press Ganey surveys
- Post-activity surveys of learners (e.g., 3, 6 or 9 mos. later):
 - As a result of your participation in the CME activity, have you seen an improvement in patient outcomes? If so, describe the improvements.
 - Can you report improved patient outcomes as a result of changes to your practice since the CME activity?

Great Resource Guides/Toolkits!



https://accme.org/wp-content/uploads/2024/06/1039_20240514_Innovation_Toolkit_0.pdf

https://accme.org/wp-content/uploads/2024/06/985_20230124_ce_educators_toolkit.pdf



Questions?

Debbie Platek, MS

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No Time for Siesta: CME Mission and Program Improvement

Debbie Platek, MS
President, CME Mentors
2024 FMA CME Providers Conference

The 8 Core Accreditation Criteria



CME Mission and Program Improvement

- Mission
- Program Analysis
- Program Improvements

Educational Planning and Evaluation

- Educational Needs
- Designed to Change
- Appropriate Formats
- Competencies
- Analyzes Change



Self-Study: Mission



The provider has a CME mission statement, approved by the governing board, 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. The expected results must be articulated in terms of changes to learners' competence, and/or performance, and/or patient outcomes.

Attach a copy of the entire Mission Statement

Your Mission Statement:

Competence?
Performance?
Patient Outcomes?



Self-Study: Program Analysis



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.

Describe your conclusions on the degree to which you have met the expected results of your mission. These conclusions should be based on the data you have obtained in your analysis of learner change across your overall program of accredited activities.

Attach the aggregate evaluation data and/or performance/patient care data that you used for this analysis.

What's the Difference?

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

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.

What Data or Information?

The provider gathers data or information ...

- Look at the BIG PICTURE
- Use aggregated data from CME activities across your entire program
- Analyze your big picture data
- Locate other relevant information

Considerations

The provider gathers data or information ...

- How soon/how often should you do this process?
- Can you readily access the data you need?
- What format is the data in? Same or different formats?
- What barriers may make gathering data a cumbersome process?
- What are best practices and tools that could help?

Tools that can help

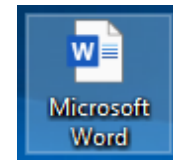


OpenAI

ChatGPT 4o mini



Microsoft Copilot: Your AI companion



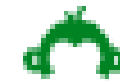
Claude

qualtrics^{XM}

Google AI



Jotform



SurveyMonkey

Your LMS

An AI Example Using Microsoft Copilot



You Just Held a Large Cancer Conference

Your CME Evaluation includes this open-ended item:

Describe one change you intend to make
related to patient care, clinical research,
or professional practice

What to do with a Bunch of Open-ended Responses ...

Describe one change you intend to make related to patient care, clinical research, or professional practice:

- ctDNA use
- I intend to increase the general knowledge of the oncology staff and use what I learned in this course
- I intend to extend and increase the analysis of liquid biopsies.
- Offer more chemo-immunotherapy to patients with brain metastasis controlled or asymptomatic
- More help to patients with smoking cessation
- liquid biopsy
- Be more active in referring patients to clinical trial referral units
- consider resection in oligometastatic lung cancer
- Be more active on multidisciplinary tumor boards
- improve screening
- NA
- NA
- update trials can improve my knowledge to treat patients
- Try to get all of the patients in the lung cancer screening program into our smoking cessation program
- Nice job
- Tumor next generation sequencing of all patients.
- Better understanding multidisciplinary teams
- nil
- Use of atezolizumab after resection for NSCLC
- Discuss management of oligometastatic disease more routinely at multidisciplinary conference
- Application of data for liquid biopsies.
- Understand role of targeted therapies for HER2 and KRAS G12C
- Biomarker and testing
- Evidence based medicine
- Improve molecular testing in NSCLC.
- look at how real-world data can help answer questions
- Review disparities and discrimination to patients
- SCLC subtyping
- I will use new knowledge I learned in the meeting to discuss different options in lung cancer treatment in the MDT
- Increase lung cancer screening
- IO in mesothelioma
- single fraction lung SBRT
- Improve multidisciplinary teams
- Immunotherapy for SCLC
- Resilience to overcome system obstacles
- The use of immunotherapy in early-stage lung cancer after radical surgery
- Excellent presentations
- Patient care
- new approach in Immu-Oncology
- Advocate for early screening
- Integrate knowledge from clinical trials and translational studies into my clinic
- Collaborate more effectively on multidisciplinary teams
- Apply new scientific advances, evidence-based recommendations, and clinical practice guidelines to diagnose and manage patients
- More patient centered
- Implementation and consideration of PDL1 testing for resected|early-stage NSCLC

Open Microsoft Copilot in Word or Excel

I want to analyze a list of open text responses

Got it! I can help you analyze a list of open text responses in various ways. Here's how we can approach it:

1. **Sentiment Analysis:** We can determine the overall sentiment (positive, negative, neutral) of each response.
2. **Topic Modeling:** We can identify common themes or topics present in the responses.
3. **Keyword Extraction:** We can find the most frequent and significant words or phrases.
4. **Text Summarization:** We can create summaries of the responses to capture the main ideas.
5. **Categorization:** We can categorize the responses into predefined or emergent categories.

If you share the text data with me, we can get started on one or more of these analyses. How would you like to proceed?

Ask Questions and Make Choices

text summarization

Great choice! Text summarization can help distill the key points from your open text responses. Please upload the text data you'd like to summarize, and let me know any specific details or preferences you have for the summarization. For instance, do you want a summary for each individual response, or an overall summary for the entire list?

Once you provide the data, we can dive right in!

Please provide an overall summary of the bulleted responses to the prompt at the top of the list

Sure thing! Please upload the list of responses you want summarized, and I'll provide an overall summary that captures the main points and themes from your data.

Cut and Paste your Data into Copilot

Describe one change you intend to make related to patient care, clinical research, or professional practice:

47.5%

47.5%

52.5%

52.5%

- ctDNA use
- I intend to increase the general knowledge of the oncology staff and use what I learned in this course
- I intend to extend and increase the analysis of liquid biopsies.
- Offer more chemo-immunotherapy to patients with brain metastasis controlled or asymptomatic
- More help to patients with smoking cessation
- liquid biopsy
- Be more active in referring patients to clinical trial referral units
- consider resection in oligometastatic lung cancer
- Be more active on multidisciplinary tumor boards
- improve screening

Seconds later ...

Voila!



Based on the responses, here is an overall summary of the changes participants intend to make related to patient care, clinical research, or professional practice:

The most common themes identified include:

1. **Liquid Biopsies and ctDNA Use:** Several participants intend to increase the use of liquid biopsies and circulating tumor DNA (ctDNA) in their practice.
2. **Education and Knowledge Sharing:** Many respondents plan to enhance the knowledge of oncology staff and use the information learned to improve patient care.
3. **Multidisciplinary Collaboration:** There is a strong emphasis on being more active in multidisciplinary teams and tumor boards to discuss patient management and treatment options.
4. **Clinical Trials and Research:** Some participants aim to be more involved in referring patients to clinical trial units and keeping up-to-date with the latest trials to improve patient outcomes.
5. **Screening and Early Detection:** Improving lung cancer screening programs and ensuring patients in screening programs are referred to smoking cessation programs is a notable intention.
6. **Advanced Therapies:** Participants are focused on integrating advanced therapies such as chemo-immunotherapy, targeted therapies, and immunotherapy into their practice, especially for specific conditions like brain metastasis, NSCLC (Non-Small Cell Lung Cancer), and mesothelioma.
7. **Patient Support and Care:** There is a desire to offer more support to patients, including smoking cessation aid and addressing disparities and discrimination in patient care.

These intentions reflect a commitment to adopting innovative techniques, fostering a collaborative approach to patient care, and continuously updating clinical practices based on the latest research and knowledge.

Ask Follow-up Questions, too!

What was the most common theme identified in the responses

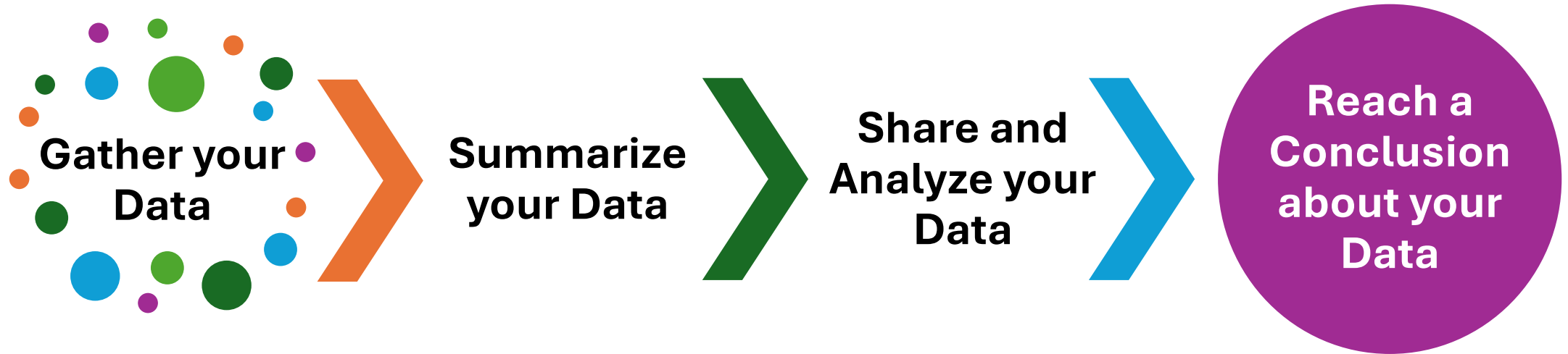
The most common theme identified in the responses is the **increased use of liquid biopsies and circulating tumor DNA (ctDNA)**. This indicates a strong interest among participants in adopting these advanced techniques for improving patient care and clinical outcomes. This includes plans to extend and increase the analysis of liquid biopsies and understand their application better in clinical practice.

Think – Pair – Share

Use of AI Tools in your
CME Program



Conducting a CME Program Analysis



Suggestions to Help Demonstrate Compliance

With your CME Stakeholders...

- Review your CME Mission Statement and look at its other areas (if there):
 - Purpose, Content Areas, Target Audience, Type of Activities
- Analyze each area of your Mission Statement and ask to what degree:
 - Have we fulfilled our **purpose**?
 - Provided the educational **content** we said we would?
 - Reached the **target audience** we wanted to?
 - Offered the **types of activities** we intended to?

Suggestions to Help Demonstrate Compliance

- Pick a time period to review, e.g., quarterly, annually, every 2 years, entire accreditation term
- Summarize evaluation data (“changes”) for specific groups of activities, e.g., RSS, live webinars, enduring materials, annual meetings
- Summarize any additional data you’ve collected for the same activities
- COMBINE all of the above into a summary report
- Make the report easy to read and digest

Suggestions to Help Demonstrate Compliance

- Present summary report to CME stakeholders
- Analyze the data in light of your CME Mission
- Ask:
 - What changes are we seeing in learners as a result of our CME activities?
 - Are there any trends since the last time we looked at this data?
 - What outcomes does our Mission Statement say we expected to achieve?
 - Does the data show that we have achieved this? If yes, to what degree? If not, why not?

Suggestions to Help Demonstrate Compliance

- Review other data about your overall program, for example:
 - Operational initiatives related to CME
 - Physician surveys
 - Attendance numbers/trends
 - Staffing changes
 - Committee/volunteer involvement
 - Financial resources
 - Technology use
 - External constraints and events
- Look for insights about the impact these have had on your CME Program and Mission

Finally ... Reach a Conclusion

... on the degree to which the CME mission has been met ...

- Have you met your CME Mission expected outcome of changes in competence, performance or patient outcomes?
 - To what degree? (Completely? Partially? Not at all?)
- If we are not completely meeting our CME Mission, why?
 - What did we not do or need to do better?
- Should we consider making any changes to our current Mission Statement?

Record Keeping Tips

- Record your findings
- Refer to them frequently
- Track any changes or program improvements made

because ...



Self-Study: Program Improvement



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.

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.

Think – Pair – Share

2 or 3 Program
Improvements Made this
Accreditation Term



Suggestions to Help Demonstrate Compliance

- Add “IMPROVEMENTS” as a standing agenda item at your CME Meetings for ideas
- Conduct a survey of other CME stakeholders for input and suggestions
- Track progress on a spreadsheet for the improvements desired/implemented
- Perform a SWOT analysis and use the results to identify improvements desired/implemented
- Update your CME Mission Statement as needed to better reflect your goals
- Other ideas?



Questions?

Debbie Platek, MS

debbie@cmementors.com

Éxito!: A Collaborative Approach to Wellness

Lisa Merlo, PhD, MPE

Professor of Psychiatry

Director of Wellness Programs, UFCOM

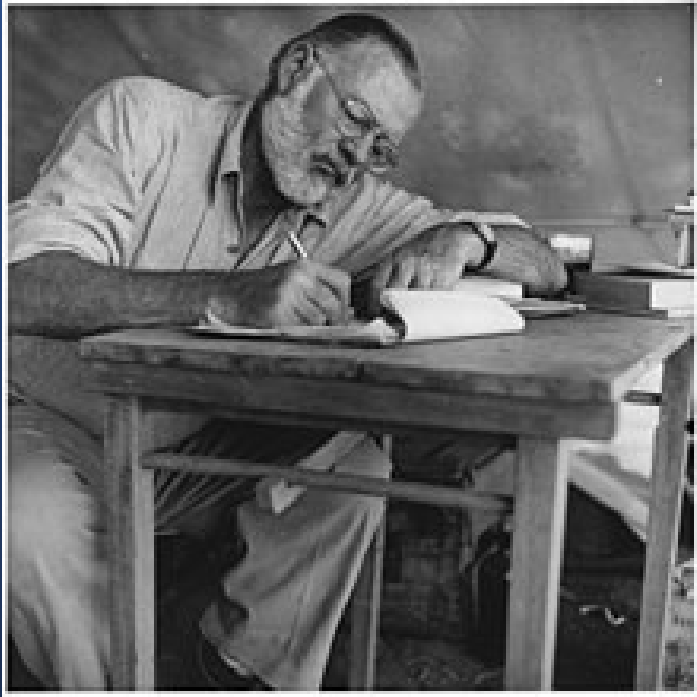


WELLNESS PROGRAMS

COLLEGE OF MEDICINE
UNIVERSITY OF FLORIDA

Disclosures

None.



Ernest Hemingway was challenged to write a whole story in just 6 words.

He wrote:

For sale: Baby shoes, never worn.

Try It Out:

Write a 6
Word Story

Write your own 6-word story using one (or both!) of these prompts:

- *What brings meaning to your work?*
- *What do you hope to contribute to your organization/department/division/clinic?*

Discussion



Preventing Burnout & Promoting Fulfillment

Consequences of Burnout:

- Negatively impacts quality of work
- Decreases job satisfaction
- Associated with depression and substance use
- Interferes with work-life balance

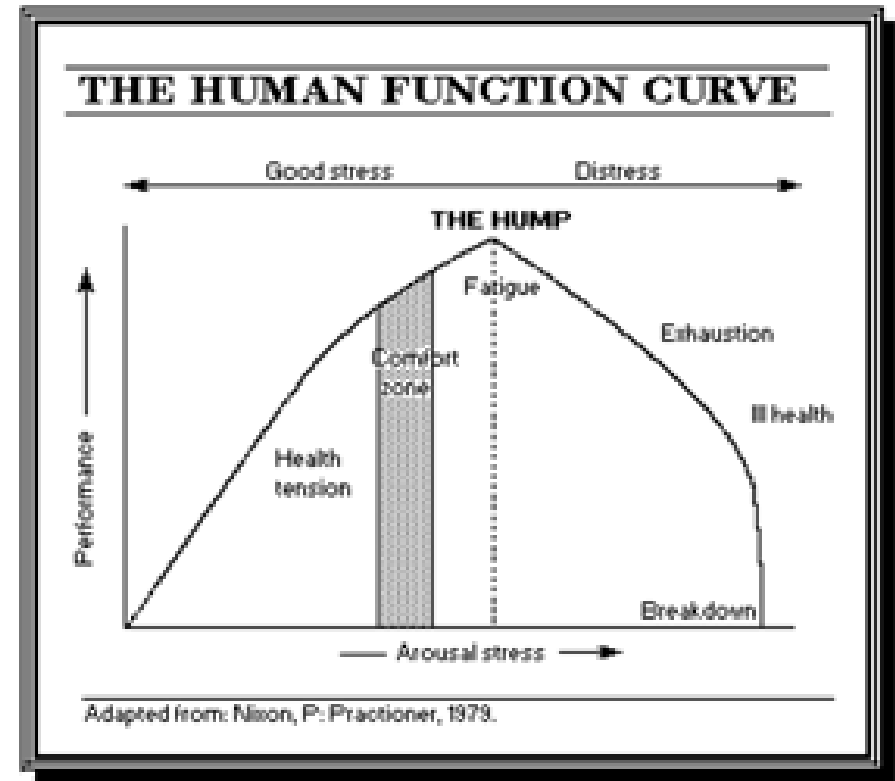
Benefits of Fulfilling Work:

- Greater job satisfaction
- Increased engagement
- Enhanced work quality and productivity
- Better collaboration/teamwork
- Improved employee retention



Stress, Burnout, and Moral Injury

- **Stress** = the non-specific response of the body to any demand for change (Selye, 1936)
- **Burnout** = a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment, which can occur among individuals who work with other people in some capacity (Maslach & Jackson, 1981)
- **Moral Injury** = the accumulation of negative effects by continued exposure to morally distressing situations (Rushton, 2018)



Professional Fulfillment



© 2016 Stanford University

Happiness or meaningfulness,
self-worth, self-efficacy, and
satisfaction at work

Culture of Wellness

Organizational values and actions that promote personal and professional growth, self-care, and compassion for ourselves and our colleagues



How to Build a
Wellness Culture

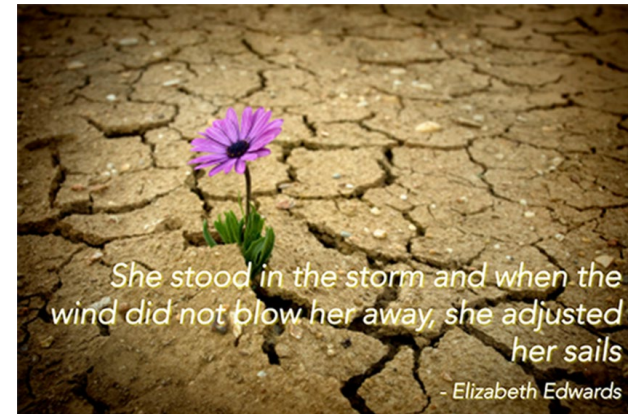
Efficiency of Practice

Workplace systems, processes, and practices that promote safety, quality, effectiveness, positive interactions with colleagues/patients, and work-life balance



Personal Resilience

Individual skills, behaviors, and attitudes that contribute to physical, emotional, and professional well-being



*She stood in the storm and when the
wind did not blow her away, she adjusted
her sails*

- Elizabeth Edwards

Pursuit of Wellbeing & Professional Fulfillment

Best approach includes:

- Institutional efforts
- Leadership efforts
- Team efforts
- Individual efforts



Ideal State of Culture

- Collaborative
- Psychologically safe
- Diverse, inclusive, and equitable
- Sense of appreciation, recognition, and reward
- Receptive to change
- Bidirectional/transparent flow of information
- Professionally-fulfilled and engaged faculty and staff
- Aligned organizational and professional goals and values





REMEMBER:

The culture is made up of ALL of us

We all contribute to the
“personality” of the team

Each of us can be a leader in
improving the culture

Anyone can take the lead in
destroying the culture



Loneliness & Burnout

- Loneliness has more negative impacts on health and wellbeing than obesity, alcohol, or tobacco use!
- Experienced the same way as physical pain in the brain
- Worsened during/after COVID-19
- We spend AT LEAST ½ of our waking time at work— need to nurture positive relationships in the workplace to promote wellbeing

**Harvard
Business
Review**

Managing People

Burnout at Work Isn't Just About Exhaustion. It's Also About Loneliness

by Emma Seppälä and Marissa King

June 29, 2017

Fostering Community

- Stress → oxytocin → seeking social support
- CONNECTION → oxytocin → cardiovascular health and wellness



“Inside Scoop” (from Surgeon General Vivek Murthy, MD)

- Within your team/unit, dedicate 5 minutes at weekly/monthly meetings to build community
- Take turns sharing a few photos of your life outside of work
- Or have everyone share “one thing no one at work knows about you”

TED Talk: https://www.ted.com/talks/kelly_mcgonigal_how_to_make_stress_your_friend?language=en#t-852514

Try It Out:

Inside Scoop
(IYKYK)

On your paper, write down something (fun/positive) that only people who really know you would know...

Take turns sharing with those at your table.

Culture of Compassion



- *“The negative screams at you, but the positive whispers”*
- Replacing a problematic individual with an adequate individual has a more profound effect on the workplace culture than replacing an adequate individual with an exceptional individual
- Exposure to rudeness negatively impacts job performance and can increase mistakes, including medical errors

Beginning With Grace

“All I know is that my life is better when I assume that people are doing their best. It keeps me out of judgment and lets me focus on what is, and not what should or could be.”

--Steve Alley, MD



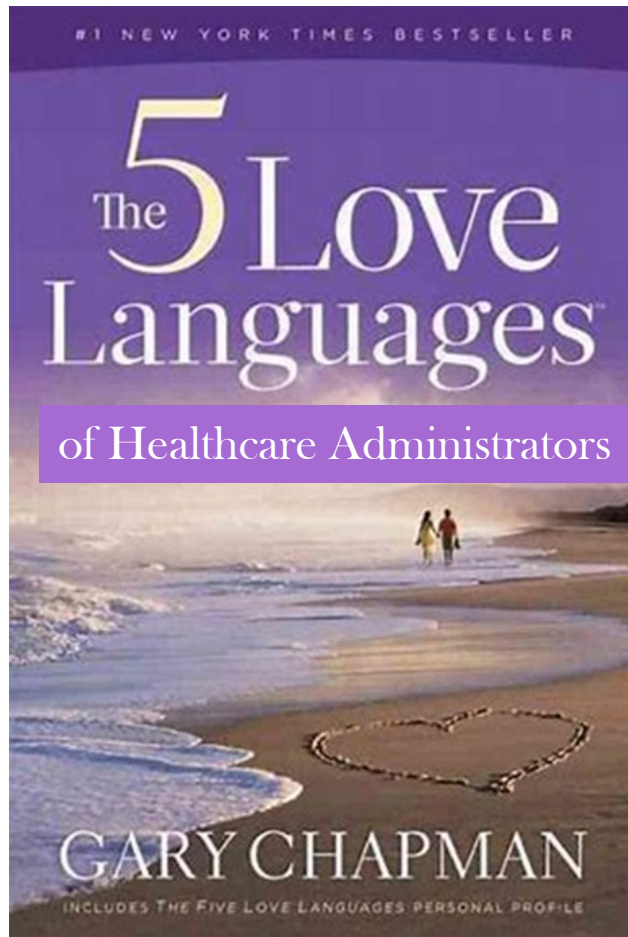
How Perspective-Taking Helps Us

Actively considering the reason for the individual's negative behavior can help to "inoculate" us against the negative consequences:

- What could cause a colleague to send an unprofessionally-worded email?
- Why might a hospitalized individual be rude to their healthcare team?
- What are reasons why a colleague might snap at you?

The goal is not to *excuse* the behavior, but to *understand* it

Communicating Positivity to Colleagues



Words of Affirmation = Acknowledge contributions (*"I see how hard you are working"* or *"Thanks for getting that to me on such short notice"*)

Acts of Service = Offer assistance (*"Is there anything you need help with?"* or *"Let's see who else can take care of that"*)

Quality Time = Respect others' time; Include opportunities for socializing in your office (*"Would you like to sit down with me to go over the information?"* or *"We're planning a Thanksgiving potluck for the office"*)

Material Gifts = Send thank-you notes or share tokens of appreciation; Provide useful materials (*"I'm sending you a sample report that you can use as a model"*)

Physical Presence = Set up an open-door policy or "office hours"; Plan some overlapping in-office time for hybrid workers

Meaning in Work



- Focus on finding meaning in work to increase fulfillment
 - 20% threshold
- ***Awe is one of the first positive emotions to fade with burnout***

“Something Awesome”: (from Read Pierce, MD)

- Ask colleagues/co-workers to share an awe-inspiring event that occurred in the last week at work
- Reflect on whose life, specifically, was improved because each of you went to work today
- (Or do these things on your own!)

Try It Out:

“Something
Awesome”

Break into pairs:

- Share one thing you are proud of and/or excited about from the last week or two.
- Why was this meaningful to you?

Flexibility

- Highly successful individuals often have a tendency toward perfectionism and obsessive-compulsive personality traits
 - These traits can be very helpful... right until they aren't
- Flexibility in thinking, collaborating, scheduling, approaching challenges, etc. can encourage more creative solutions and win-win situations

“Let it Go” (from Queen Elsa of Arendelle)

- Flexibility can be cultivated through practicing mindfulness
 - Learning to “let it go” (acceptance)
 - Being open to new ideas and experiences
 - Attending to each moment without interference from ruminating about the past or worrying about the future



Begins With Acceptance of What Is...



IT'S RAINING

I really hate when it rains. My day would be so much better if it wasn't raining. Now my plans will be ruined. This always happens to me. I really wish it wasn't raining. Why can't it just be sunny?



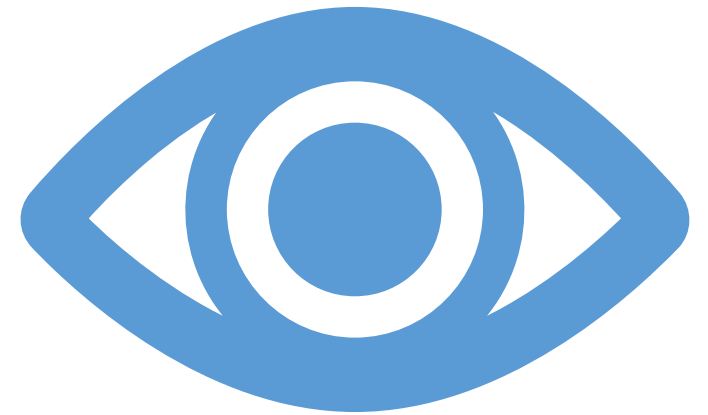
IT'S RAINING

Yup.



Rather than getting stuck
on what WAS...

Radical Acceptance
allows us to look ahead
to what is possible!



Try It Out: “Collecting Gems”

(Ray Dalio)

Billionaire Ray Dalio (founder of the world's largest hedge fund) explained that his great success was based on learning to think of mistakes as puzzles:

- *“If I solved the puzzle, the puzzle being, ‘What would I do differently in the future?,’ I would get a ‘gem.’ That gem would be a principle that would let me do a better job the next time that sort of thing came about, and I wrote those principles down and refined them over a period of time...”*

Reflection:

What “gems” have I collected in the past year? In other words, what mistakes did I make this year that taught me something? ***What lessons did I learn that I can leverage going forward?***

Discussion



Appreciation

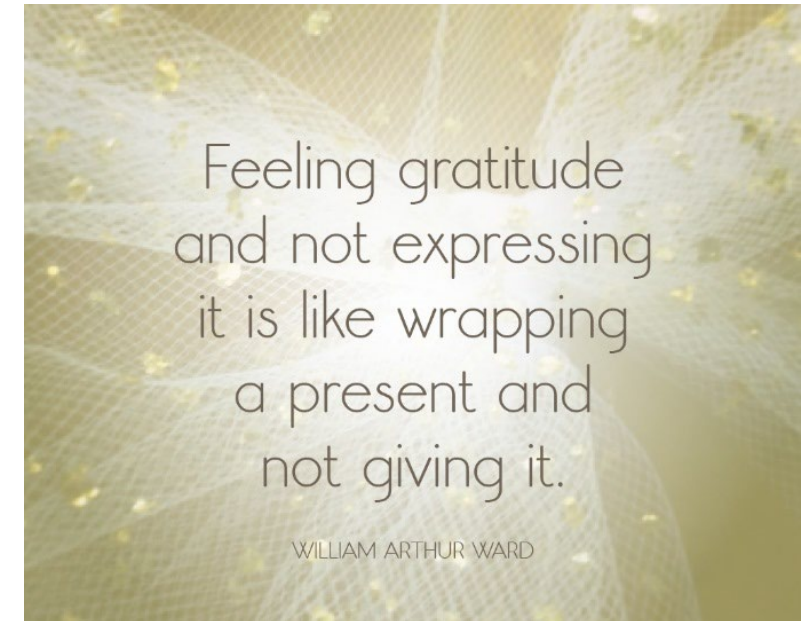
- Gratitude is a very effective prevention against depression/burnout
- Feeling appreciated contributes to job satisfaction

Express appreciation to others (you and they will both benefit!):

- Thank-you notes, emails, text messages
- Appreciation board

“3 Good Things”: (from J. Bryan Sexton, PhD)

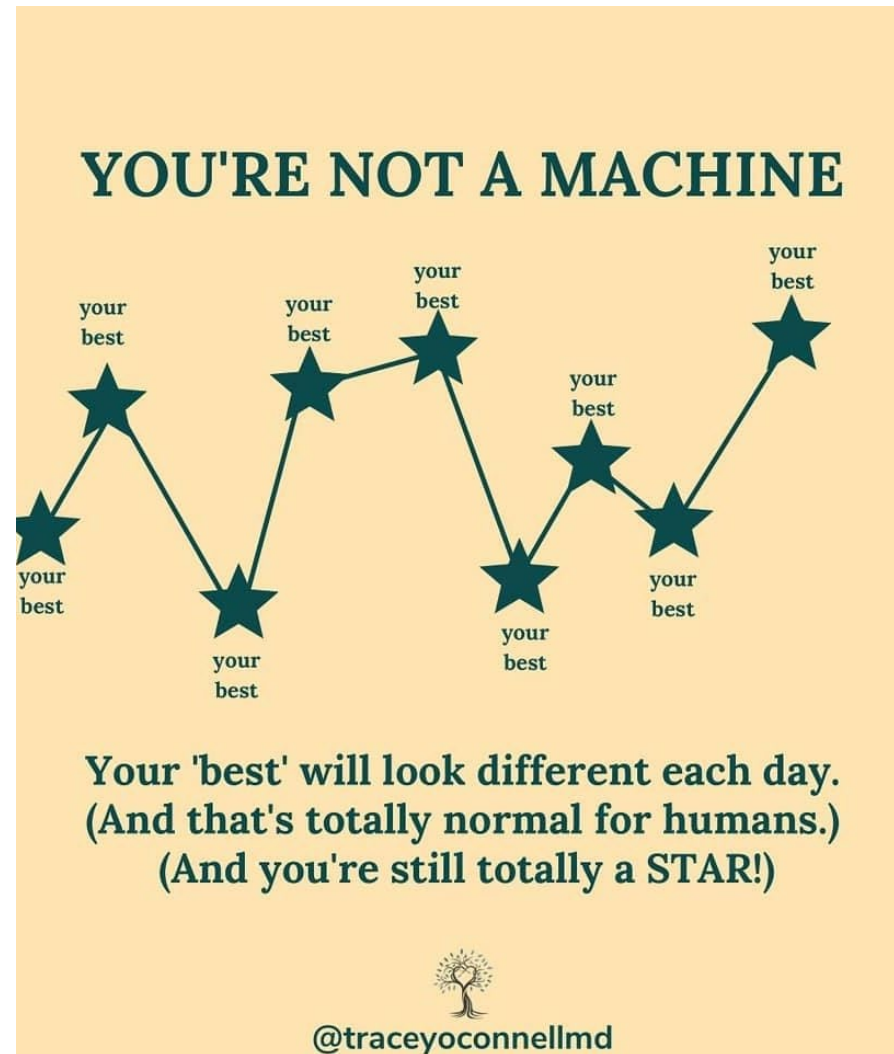
- Keep a nightly journal of 3 good things that happened each day
- Make note of your role in making it happen
- Just before bed for 14 days
- <https://www.youtube.com/watch?v=OYMQYhey08w>
- Sign up at <https://bit.ly/start3gt>



Self-Compassion

- Many compassionate people struggle with self-compassion (i.e., tend to set unrealistic expectations and judge themselves harshly)
- 3 Elements of Self-Compassion:
 - Self-kindness vs. Self-judgment
 - Common humanity vs. Isolation
 - Mindfulness vs. Over-identification

What Does Self-Compassion Look Like?



Try It Out

Taking Self Compassion Breaks

(Dr. Kristin Neff)

SENSORY OPTION

Think of a situation in your life that is difficult, that is causing you stress.

Call the situation to mind, and see if you can actually feel the stress and emotional discomfort in your body. Now:

- Take 2-3 deep, satisfying breaths.
- Gently place your hand over your heart, feeling the gentle pressure and warmth of your hand. If you wish, place *both* hands on your chest, noticing the difference between one and two hands.

Try It Out

Taking Self Compassion Breaks

(Dr. Kristin Neff)

VERBAL OPTION

Think of a situation in your life that is difficult, that is causing you stress.

Take a moment to remind yourself:

1. **“This is really hard”**
(or “This is stress”)
2. **“Others are feeling this way too”**
(or “I am not alone”)
3. **“May I give myself the compassion that I need”**
(or “May I be patient” or “May I be strong”)

Methods of Coping

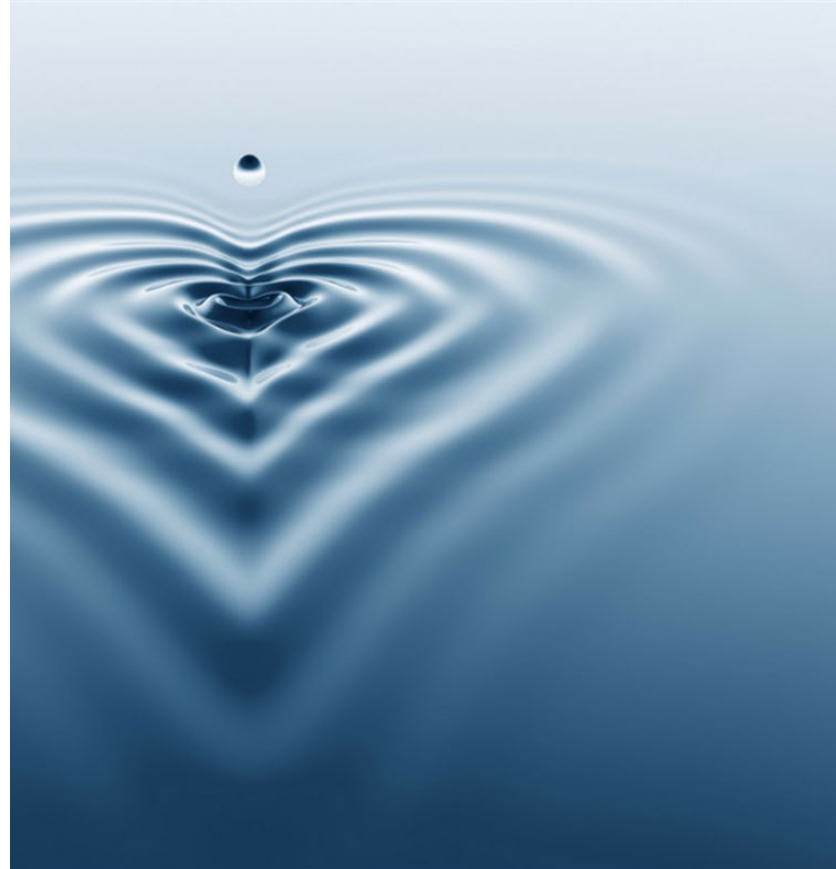
- **Problem-Focused Coping**: Dealing with the stressor itself; finding a solution to the underlying issue
 - *Only works when the stressor is something you can control*
- **Emotion-Focused Coping**: Changing your response to the stressor; finding a way to live with it
 - *Most helpful in situations outside your control*
 - *Often includes seeking support from others*

Don't Suffer Alone

- Resilience refers to having the necessary internal **and external** resources available to cope with the situation at hand
- In extenuating circumstances (which will vary for each person), the individual may become overwhelmed or access external support
- *“Being resilient” requires us to reach beyond ourselves*

FINAL THOUGHT:

If everyone here implements just **ONE** idea that you learned about today, imagine how the culture of wellness would begin to change...



"I alone can't
change the
world. But I
can cast a
stone across
the waters, to
create many
ripples."
Mother
Teresa

Questions?

lmerlo@ufl.edu





In Queso You Didn't Know: ACCME Update – New Opportunities & Challenges

Dion Richetti - Vice President of Accreditation and Recognition



THIS MORNING:

- ACCME who we are, how we support you
- Update on the CME Enterprise
- Focus on MOC and strategies to designate existing CME activities for MOC credit
- Reminders and highlights about ACCME Academy
- Standards for Integrity and Independence in Accredited CE: a brief review
- AFTER LUNCH: Cases for discussion!

CMSS

Council of Medical
Specialty Societies



American Board
of Medical Specialties

Higher standards. Better care.®



**FEDERATION OF
STATE MEDICAL BOARDS**



Tomorrow's Doctors, Tomorrow's Cures®



ABOUT ACCME

ACCME's Vision & Mission

- ACCME's VISION is a world where our community of educators supports clinicians in delivering optimal healthcare for all.
- ACCME's MISSION is to assure and advance quality learning for healthcare professionals that drives improvements in patient care.

ABOUT ACCME

What does ACCME do?

Sets standards for continuing medical education (CME) that build trust for learners and the public

Accredits new providers

Manages an accountability system for accreditors and accredited providers through continuous improvement

Manages and shares data about the system

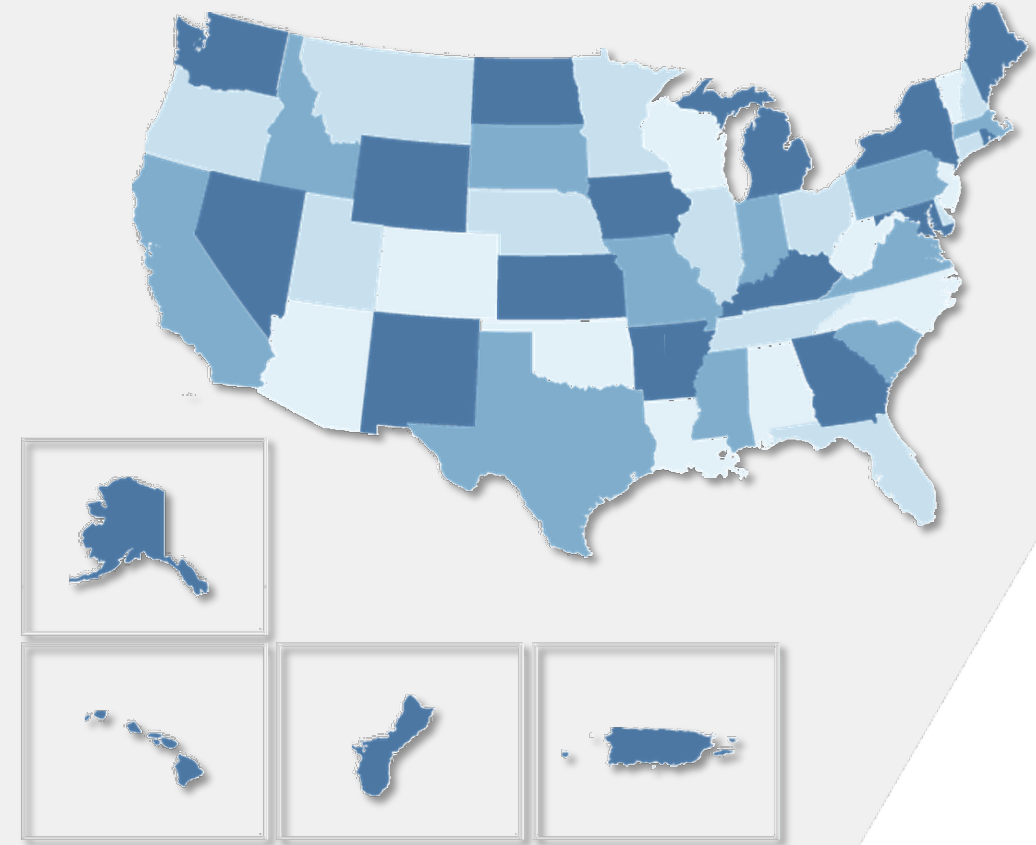
Educates and supports the community of CME providers and education professionals

Continuously evolves to meet the community's needs

ROLES AND FUNCTIONS

Accrediting Body

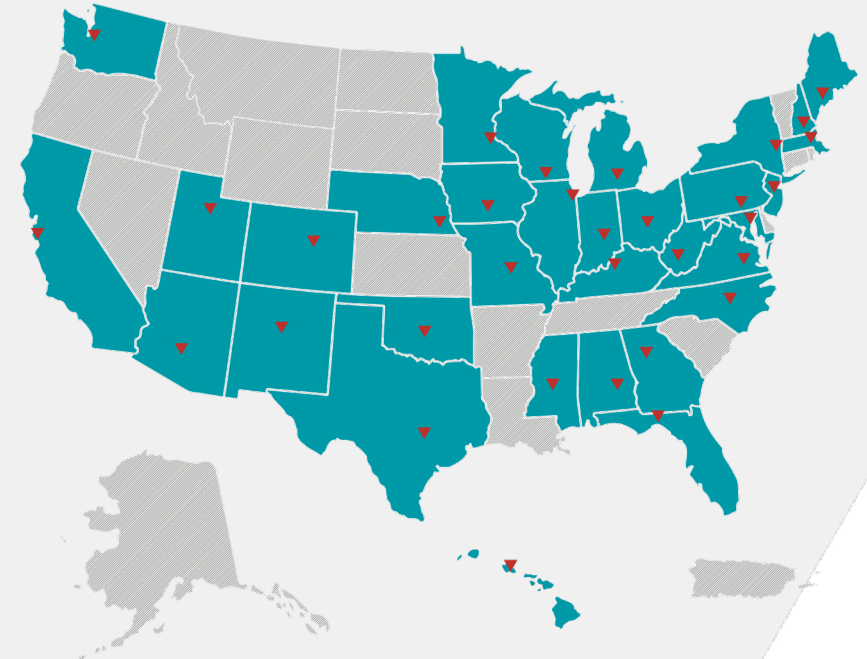
- Sets the national standard for high-quality continuing education (CE) for physicians and other health professionals
- >600 health care organizations who deliver CE to a national or international community of learners



ROLES AND FUNCTIONS

Recognition of State Accreditors

- Serves as the body **recognizing** 31 state accreditors that offer CME accreditation to >700 health care organizations whose learners are within the state/territory

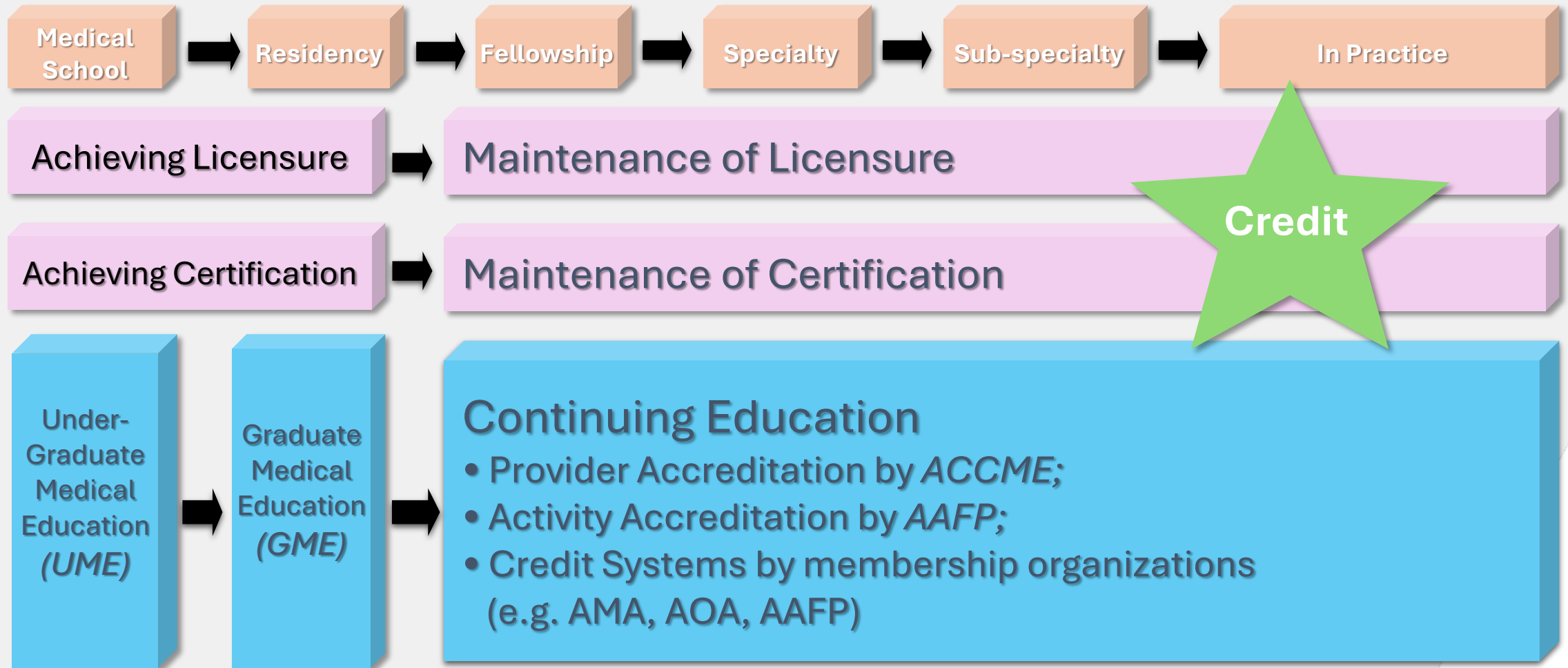


Comparing Accreditation and CE Credit

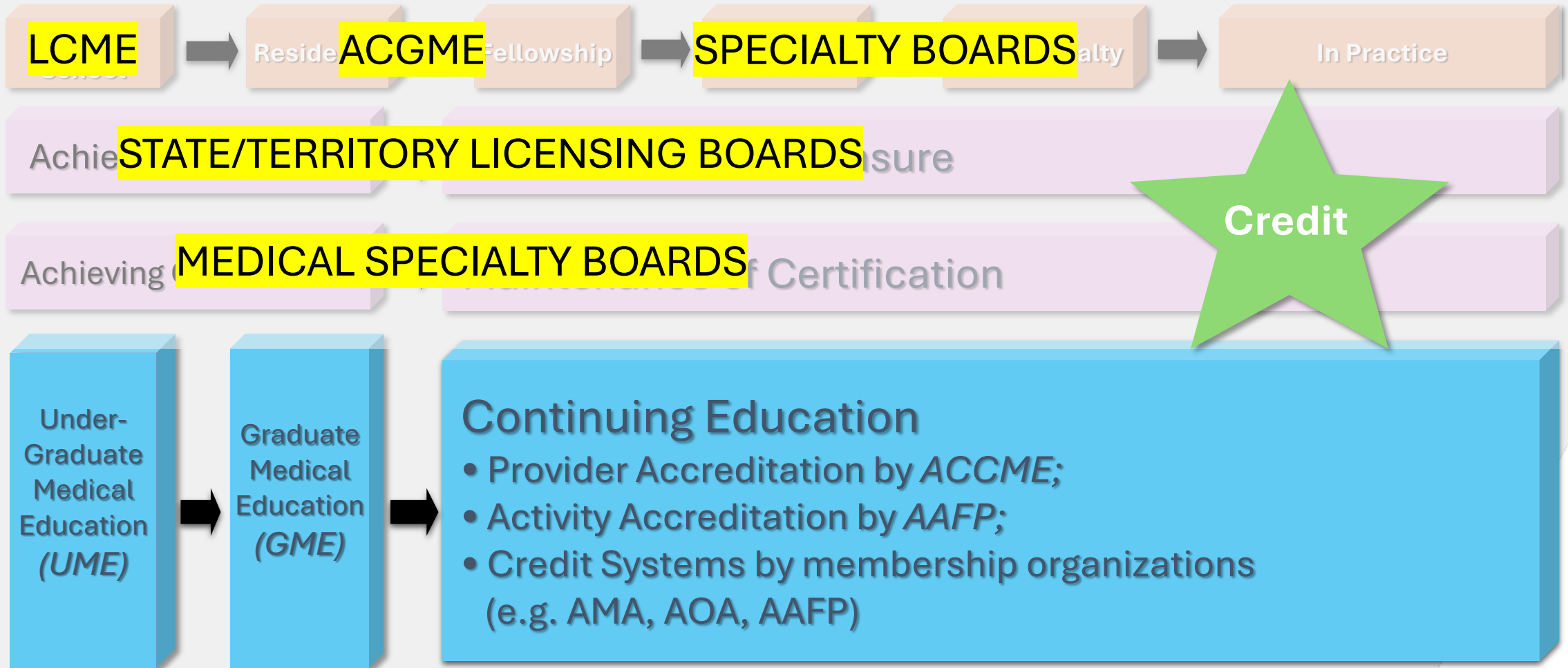


“This educational activity is designated for 2 *AMA PRA Category 1 Credits*™

The Continuum of Health Professional Education



The Continuum of Health Professional Education



ABOUT ACCME

Privileges of an Accredited Provider

- ACCME, SMS and JA providers can all issue an unlimited amount of *AMA PRA Category 1™* credit for their activities
 - ✓ Used as a common currency for credentialing, certification, and licensing in the United States and is recognized in many other countries
 - ✓ AMA & ACCME came to shared agreement on what counts for credit
 - ✓ AMA continues to produce guidance on the requirements for credit
- Accredited providers must list their activities in our data systems.
- Accredited providers may implement accredited activities in any geographic location

ACCME Criteria & Standards

Accreditation Criteria

CME Mission and Program Improvement, Educational Planning and Evaluation

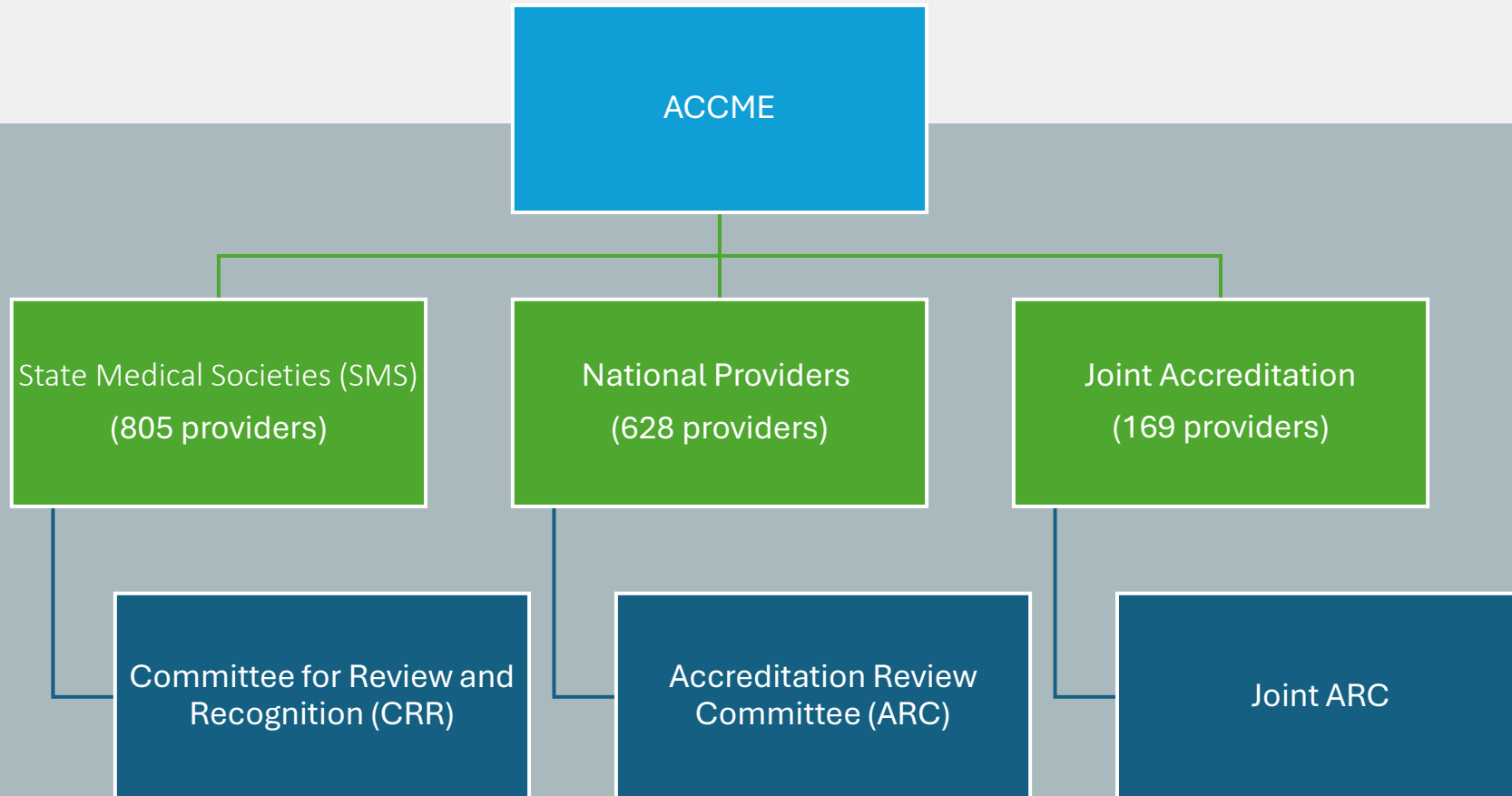
Standards for Integrity and Independence

Eligibility, Ensure Content is Valid, Prevent Commercial Bias and Marketing, Identify, Mitigate and Disclose Relevant Financial Relationships, Manage Commercial Support Appropriately, Manage Ancillary Activities

Menu of Criteria for Commendation

Promotes Team-based Education, Addresses Public Health Priorities, Enhances Skills, Demonstrates Educational Leadership, Achieves Outcomes

Accreditation Landscape



THE CME SYSTEM IS THRIVING

2023 REPORTING YEAR

Scope of the Enterprise

Providers	
ACCME Accredited	628
State Medical Society (SMS) Accredited	805
Joint Accredited	169
TOTAL	1,602

Engagement	
Activities	247,019
Physician Interactions	26,205,209
Other Learner Interactions	42,070,415

www.accme.org/data-reporting/annual-reporting/

ACCME DATA REPORT

Thriving Through Growth and Innovation—2023



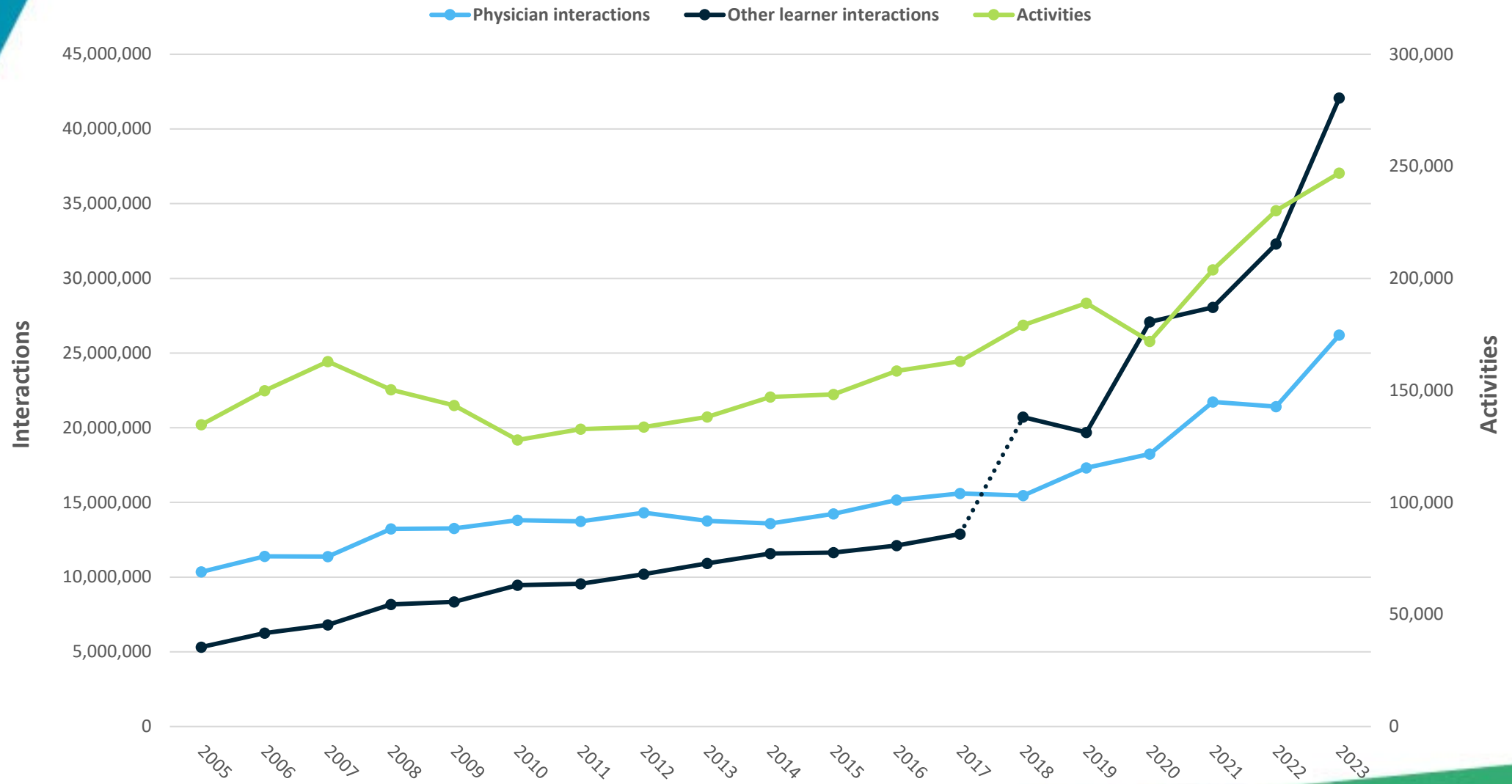
Accreditation Council
for Continuing Medical Education (ACCME®)
learn well

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401 N. Michigan Ave., Suite 1850, Chicago, IL 60611
312.527.9200 | www.accme.org





CME Presented by Providers Accredited in the ACCME System
Figure 1. Activities and Interactions 2005-2023



Accredited Providers

	Nationally accredited	SMS accredited
Publishing/Education Company	156	4
Hospital/Healthcare Delivery System	129	625
School of Medicine	147	6
Non-profit (Physician Membership Organization)	252	65
Government or Military	12	20
Non-profit (Other)	53	52
Other	34	24
Insurance Company/Managed Care Company	14	9
TOTAL	797	805

ACCME Data 2022 and 2023

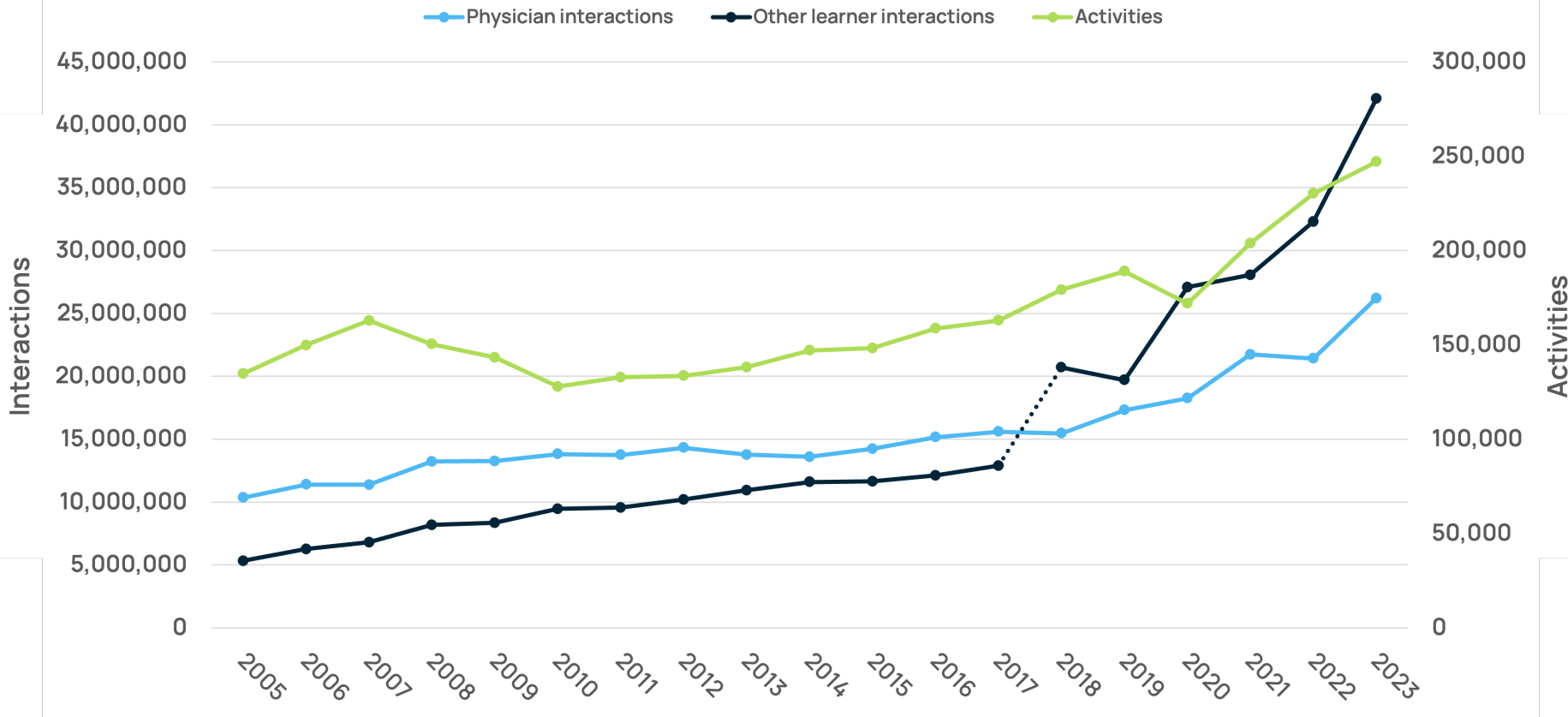
	2022	2023	Change (%)
Number of accredited providers	1,620	1,602	-1%
Number of activities	230,184	247,019	7%
Physician interactions	21,415,787	26,205,209	22%
Other learner interactions	32,296,020	42,070,415	30%
Total revenue reported	\$3.39B	\$3.54B	4%
% of activities receiving commercial support	8%	7%	-1%

FMA Accredited providers Data 2023

	FMA 2023	System 2023
Number of accredited providers	33	1,602
Number of activities	894	247,019
Physician interactions	47,677	26,205,209
Other learner interactions	24,041	42,070,415
Total revenue reported	\$3.8M	\$3.54B

Read the full data report

CME Presented by Providers Accredited in the ACCME System
Figure 1. Activities and Interactions 2005-2023



www.accme.org/data-reports

**#Accredited
CMEDelivers**



Purpose



To provide a common set of evidence-based messages



To help accredited providers demonstrate the impact of their accredited CME programs to C-suite leaders



To help accreditors market accreditation and increase the number of accredited organizations



To tell the story of accredited CME

References

¹Cervero, Ronald, and Julie Gaines. "The Impact of CME on Physician Performance and Patient Outcomes: An Updated Synthesis of Systematic Reviews." *Journal of Continuing Education in the Health Professions* 35, no. 2 (2015): 131-138.

²Cook, David A., Christopher R. Stephenson, John M. Wilkinson, Stephen Maloney, and Jonathan Foo. "Cost-effectiveness and Economic Benefit of Continuous Professional Development for Drug Prescribing: A Systematic Review." *JAMA Network Open* (2022).

³Decreases in patient readmissions were reported by ACCME-accredited providers who achieved Accreditation with Commendation in July 2021.

⁴Griebenow, Reinhard, Henry Robert D. Schaefer, Siham A. Physician Burnout." *Journal of*

⁵McMahon, Graham T. "The no. 8 (2017): 1075-1077.

⁶National Academy of Medicine

⁷Marks, Jonathan H. "Lessons Bioethical Inquiry 17, (2019): 17

⁸Accreditation Council for Continuing Education." *Standards*

⁹Accreditation Council for Continuing Education in Accredited Continuing Education

¹⁰Reeves, Scott, Simon Fletcher, Simon Kitto. "A BEME System 38, no. 7 (2016): 656-668.

¹¹ACCME-accredited providers in increasing cancer screening decreased mortality rates through

¹²The Texas Medical Association occurrence of patient sepsis c

¹³Moore, Donald E. Jr, Kathy Planning and Assessing Learning Teams." *Medical Teacher*, (201

¹⁴Accreditation Council for Continuing Education – 2022

Accredited CME Delivers



Accredited continuing medical education (CME) plays an invaluable role helping physicians and healthcare professionals improve patient care.

The evidence is in. Accredited CME:

Improves patient safety.

CME has been shown to be one of the most effective methods for improving physician performance.¹

Controls spending.

Unnecessary medical procedures, prescriptions, and hospital readmissions are averted.^{2,3}

Increases physician recruitment and retention.

CME has been linked to a decrease in physician burnout and turnover.^{4,5,6}

Protects physician learners.

Commercial influence in medical education puts learners at increased risk.⁷ Accreditation protects the integrity and independence of medical education, ensuring it is accurate and based on best practices.^{8,9}

Uses teams to improve care.

Interprofessional teams are empowered to work more effectively together to achieve their organization's quality improvement and strategic goals.¹⁰

Expands preventative care.

Accredited CME has a proven track record of life-saving interventions. It has been linked to increases in stroke identification, timeliness of care, cancer screenings, pediatric immunizations, and more.^{11,12}

For physicians, accredited CME can improve performance by focusing on the unique needs of individual learners.

For organizations, it can be a catalyst for change, providing practical solutions to many of their most pressing problems.

For references, see page 2.



#Accredited CME Delivers



Toolkit



www.accme.org/value

CE Educator's Toolkit and Companion Course on ACCME Academy

CE Educator's Toolkit

Evidence-based design and implementation strategies for effective continuing education



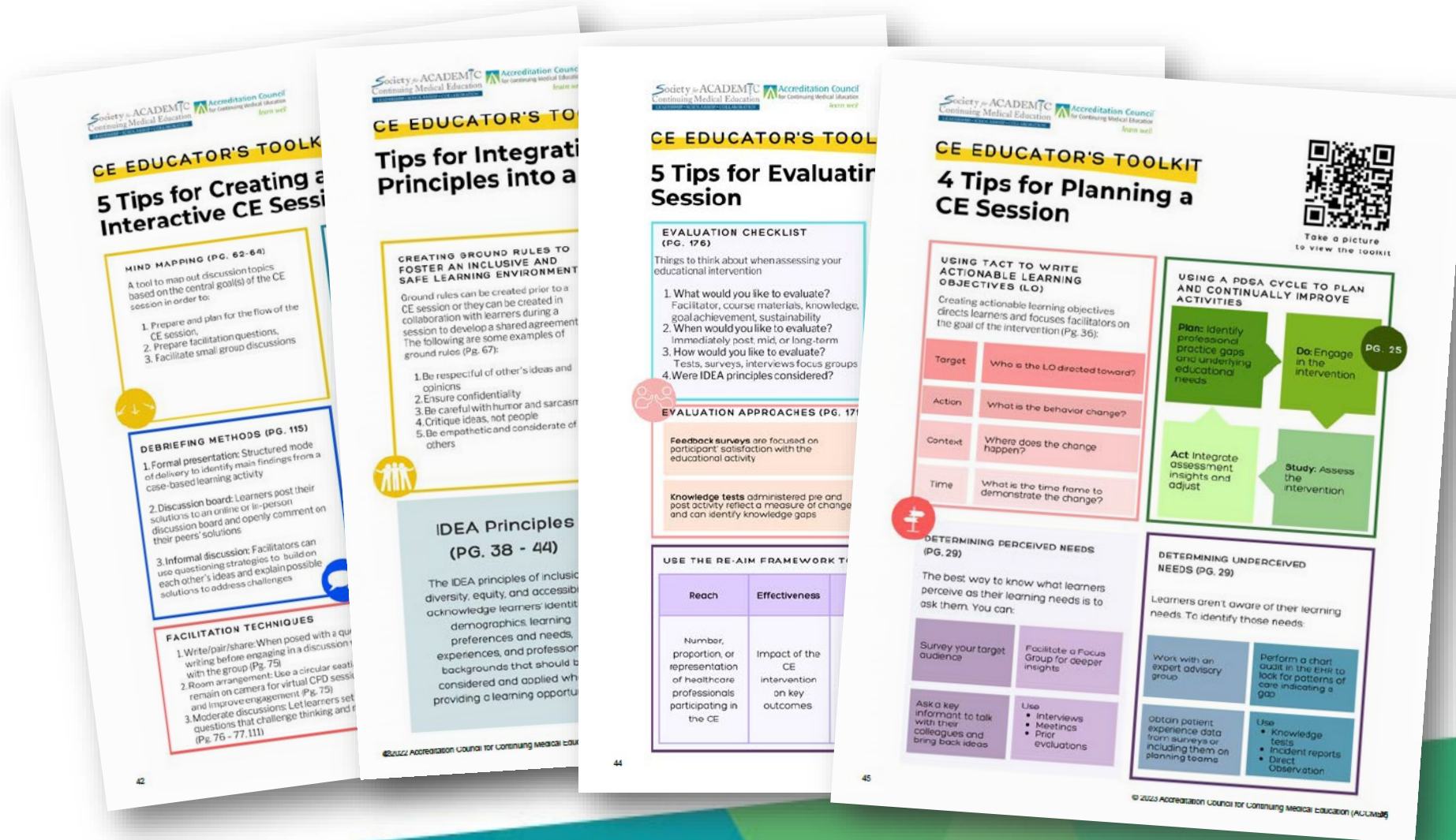
Get Started!



CE Educator's Toolkit was developed by SACME with support from an ACCME research grant.



CE Educator's Toolkit TIP SHEETS



Guidance for CME, Video Platforms and Social Media

When posting an activity on an internet-based platform, you will want to ensure that...

- ✓ learners can engage in education without having to click through, watch, listen to, or be presented with product promotion/advertisement
- ✓ faculty have given permission to post their material
- ✓ the identity and contact information of learners ...is not tracked by, visible to, or shared with any ineligible company without the consent of the individual learner

FAQ



New!



Healthcare Continuing Education Professionals Day™

An annual day to celebrate you!

January 24, 2025 – start planning now!

Collaborating organizations:

- Accreditation Council for Continuing Medical Education (ACCME)
- Accreditation Council for Pharmacy Education (ACPE)
- Alliance for Continuing Education in the Health Professions (ACEHP)
- American Nurses Credentialing Center (ANCC)
- Association for Hospital Medical Education (AHME)
- Joint Accreditation for Interprofessional Continuing Education
- Society for Academic Continuing Medical Education (SACME)

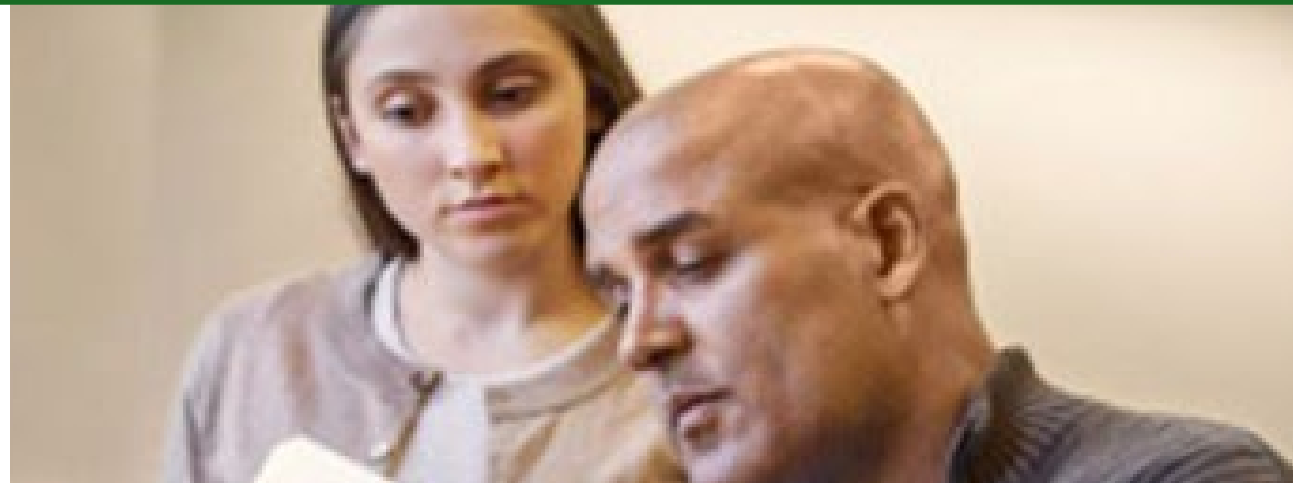
CME FOR MOC

Engaging Clinicians in Quality Improvement While
Simplifying Participation in Professional and Regulatory
Requirements

Local Change

Local *embedded* Providers...

- Understand local issues
- Know how to make local change
- Know their audience
- Can develop long-term relationships of trust and service
- Are nimble and flexible



What do we want
to improve here?

CME THAT COUNTS FOR MOC

Harmonized with Specialty Boards... via ACCME's Program and Activity Reporting System (PARS)

Aligned!

Board and Program Name	Accredited CME	Accredited CME with Evaluation and Feedback	Accredited CME Improvement Activity	Accredited Patient Safety CME
ABA MOCA 2.0® - Maintenance of Certification in Anesthesiology Program®	Lifelong Learning	X	X	Patient Safety
ABIM MOC Assessment Recognition Program	X	Medical Knowledge	Practice Assessment	Patient Safety
ABOHNS Continuing Certification	X	Self-Assessment	Improvement in Medical Practice	Patient Safety
ABPath Continuing Certification	Lifelong Learning	X	Improvement in Health and Healthcare	X
ABP Maintenance of Certification	X	Lifelong Learning & Self-Assessment	X	X
ABS Continuous Certification	Accredited CME	Self-Assessment	X	X
ABOS Maintenance of Certification	Accredited CME	Self-Assessment (<i>must be pre-approved by ABOS</i>)	X	X
ABTS Maintenance of Certification	Accredited CME	Self-Assessment	Performance in Practice	Patient Safety

MOC Crosswalk Tool

participating
boards

types of credit
offered

board language

unique board
requirements



CME for MOC/CC: Certifying Board Crosswalk Tool

Collaborating Board Program Name	CME Accredited CME	ABMS Part II Accredited CME with Evaluation and Feedback	ABMS Part IV Accredited CME Improvement Activity	Patient Safety Accredited CME with Patient Safety	What's Unique?
American Board of Anesthesiology MOCA 2.0® - Maintenance of Certification in Anesthesiology Program®	✓ Lifelong Learning	⊘	⊘	✓ Patient Safety	No board review or board preparation courses may be registered. Activities must be tagged with at least one content area that correlates to the ABA content outline.
American Board of Internal Medicine MOC Assessment Recognition Program	⊘	✓ Medical Knowledge	✓ Practice Assessment	✓ Patient Safety	
American Board of Orthopaedic Surgery Maintenance of Certification	✓ Accredited CME	✓ Self-Assessment Examination	⊘	⊘	Content must be related to the prevention, diagnosis, and treatment of diseases and injuries of the musculoskeletal system. Self-assessment examination credit must be pre- approved by ABOS before entering in PARS.
American Board of Otolaryngology – Head and Neck Surgery Continuing Certification	⊘	✓ Self-Assessment	✓ Improvement in Medical Practice	✓ Patient Safety	
American Board of Pathology Continuing Certification	✓ Lifelong Learning	⊘	✓ Improvement in Health and Healthcare	⊘	
American Board of Pediatrics Maintenance of Certification	⊘	✓ Lifelong Learning and Self-Assessment	⊘	⊘	Committee Learning & PI-CME formats not eligible. Learner data should be reported by 12/1
American Board of Surgery Continuous Certification	✓ Accredited CME	✓ Self-Assessment	⊘	⊘	
American Board of Thoracic Surgery Continuing Certification	✓ Accredited CME	✓ Self-Assessment	✓ Performance in Practice	✓ Patient Safety	Activities can't be registered for both Performance in Practice and Patient Safety credit.

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CME for MOC Crosswalk
797_20240125



SUPPORTING MAINTENANCE OF CERTIFICATION

What do I need to do to register my activities for MOC?

1. Register your CME activities in PARS
2. Activities appear in *CMEPassport.org*
3. Enter/upload learner completion data
4. Participation data reported automatically to Boards
5. Audits as needed

- HOW TO GET STARTED

Resources to Support You

ACCME.ORG / CME COLLABORATIONS / CME FOR MOC

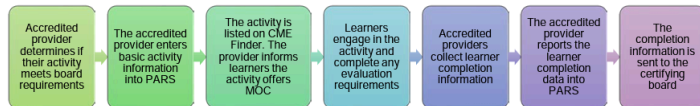


CME for Maintenance of Certification (MOC) Beginner's Guide

Thank you for your interest in offering CME for Maintenance of Certification (MOC)! This guide will walk you through the basics of integrating MOC into your organization's currently existing CME program. This beginner's guide is meant to be a primer to be used in conjunction with the [CME for MOC Program Guide](#), which goes into depth on specific requirements for each board.

What is Maintenance of Certification?

Maintenance of Certification (MOC) — also known as Continuing Certification — is the process by which physicians maintain their board certification by participating in robust continuous professional development. CME providers can register their CME activities as offering MOC credit towards these learners' requirements.



How is this different from CME?

As part of the ACCME's CME for MOC collaboration with the certifying boards, by virtue of offering accredited CME activities you are most likely meeting many MOC requirements already. However, there may be a few process alterations your organization will need to make when offering and reporting MOC:

- Activities offering MOC should be entered before they are entered into PARS.
- The process for entering MOC activities into PARS is different. There are a few additional fields to fill out with information about the activity's MOC value.
- Activities registered for MOC credit should be reported as such. Learners should be notified of the "qual learner change in knowledge, skill, or performance" (the "qual learner change in knowledge, skill, or performance" or "qual learner change in knowledge, skill, or performance") to earn MOC.



CME for Maintenance of Certification Program Guide



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401 N. Michigan Avenue, Suite 1300
Chicago, IL 60611-3996

July 11, 2023



LOGIN: ▼



SEARCH

FIND A CME PROVIDER ▶

FIND A CME ACTIVITY ▶



ABOUT ACCREDITATION

ACCREDITATION RULES

RESOURCES

CME COLLABORATIONS

EVENTS



Momentum

Empowering educators to reach their full potential

- AMA/ACCME ALIGNMENT
- STATE MEDICAL SOCIETIES
- STATE MEDICAL BOARD PILOT
- CME FOR MOC
- CME FOR FDA REMS
- CME FOR MIPS
- JOINT ACCREDITATION
- INTERNATIONAL ACCREDITORS
- INTERPROFESSIONAL COLLEAGUES



on. Renewal.

Feedback

- Does not impact your Accreditation
- ACCME Audits for ABIM MOC Assessment Recognition Program ONLY
- Requirements outlined in program guide
- Evidence to be provided on request

Table 2: Description of the Elements of an Audit

	ABIM Requirement	Materials to be Submitted by Accredited Provider
Requirements for all MOC Activities	ABIM1	None - only providers accredited within the ACCME system are eligible to register activities in PARS for ABIM MOC .
	ABIM2	A description of the professional practice gap and educational need for the activity.
	ABIM3	Information relevant to the method of evaluation that was utilized for the activity that measured learner change, including: <ul style="list-style-type: none"> • a description of how the evaluation is conducted; and • a copy of the evaluation tool (e.g., multiple-choice, fill-in-the-blank or longer-form tests; written or shared responses; or other formative and summative content-relevant exercises).
	ABIM4	<ul style="list-style-type: none"> • a description of the minimum participation threshold (e.g., score, correct written or shared response, etc.); • verification that the learners successfully met the minimum participation threshold for the activity; and • a description of the process by which feedback was provided to learners.
	ABIM5	Evidence that physician learners were informed that their participation information would be shared with ABIM through PARS prior to the start of the activity.
Medical Knowledge	ABIM6	Verification that the content of the activity was peer-reviewed by two clinician reviewers who were not the original authors/presenters: <ul style="list-style-type: none"> a. The name, credentials, affiliations and qualification of the reviewers; b. The results/conclusions of the reviewers.
	ABIM7	A description of the committee process that was utilized, including the number of members of the committee.



WELCOME TO
ACCME
Academy

<https://academy.accme.org>

Who has access?



WELCOME TO
ACCME
Academy

FREE

All accredited providers (ACCME, state-accredited, Joint Accredited) get enrollment keys to create 3 user accounts.

ADD USERS

Purchase access for additional users at **academy.accme.org**

Need access for >10 users?
Contact us at **academy@accme.org**

What's included?



WELCOME TO
ACCME
Academy

FREE

Free User Accounts

- ✓ Access to catalog
- ✓ Access to Learning Paths
- ✓ Some content requires additional purchase

**ADD
USERS**

Additional User Accounts

- ✓ Access to purchased courses and curricula*
- ✓ Additional content available for purchase

** No charge for additional courses added to Learning Path*

What do you want to do?

I want to develop skills and strategies for building and improving my CE program.

Academy Answers for CE Program Management



I want simple strategies for meeting the accreditation requirements and pursuing Commendation.

Accreditation Tips



I want to ensure my program and faculty follow the Standards for Integrity and Independence in Accredited CE.

Tools for Integrity and Independence



I want to equip my faculty with educational strategies and teaching tools for effective, engaging education.

Effective Teaching Toolbox



I want to find strategies for designing education that promotes equity and is accessible to all learners.

Education for Equity and Access



I'm new to the CE office and want to learn more about accreditation.

Accredited CE Orientation: New Staff



I want to train my faculty on how to use the accreditation requirements to support educational planning.

Accredited CE Orientation: New Faculty



à la carte purchase

Create Your Account

1st

USE YOUR ORGANIZATION'S ENROLLMENT KEYS

- 3 complimentary accounts available for each accredited provider
- Reach out to your organization's primary administrative contact to take advantage of this opportunity

2nd

ADD ADDITIONAL USERS

- Purchase a Learning Path on the public dashboard and create an account when checking out
- Contact us at academy@accme.org for access for 10 or more additional users

Get Assistance

- Check out the FAQs page
- Take the “Getting Started with ACCME Academy” course
- Email academy@accme.org



Frequently Asked Questions

The answers to your questions

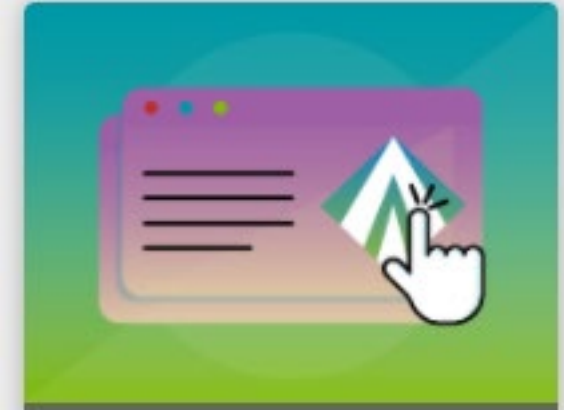
I've completed my course, but it still shows as "Re-enroll" inst...

Can I sign up for ACCME Academy? How do I sign up?

What information do I need to sign

Do I need to purchase a course on

How do I login?



Getting Started with ACCME Academy

Online Course · 15m

★★★★★ (8)

Start



THE STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION

- A brief review to prepare for cases after lunch

The Standards for Integrity and Independence in Accredited Continuing Education: Adopted by Nine Healthcare Accreditors



Accreditation Council for Continuing Medical Education (ACCME)



Accreditation Council for Pharmacy Education (ACPE)



American Academy of Family Physicians (AAFP)



American Academy of Physician Associates (AAPA)



American Nurses Credentialing Center (ANCC)



American Osteopathic Association



Association of Regulatory Boards of Optometry Council on Optometric Practitioner Education (ARBO/COPE)



Joint Accreditation for Interprofessional Continuing Education™



American Dental Association Continuing Education Recognition Program (ADA CERP)

- THE “NEW” STANDARDS

Changes in the Structure/Terminology

Structural Revisions:

- ✓ New name to better reflect the Standards
- ✓ New overview explaining the Standards
- ✓ Re-organization based on applicability
- ✓ Policies and definitions integrated into the Standards themselves
- ✓ Brief introductions to each Standard

New Terms:

- ✓ Eligible/Ineligible
- ✓ Mitigate
- ✓ Accredited continuing education

IMPLEMENTING THE “NEW” STANDARDS

What changed from the former SCS?

- Content Validity
 - Policies and expectations incorporated into the Standards.
- No Sales/Marketing
 - Prohibits faculty from promoting or selling products or services in accredited education.
 - Requires learner consent if information shared.
- Identification/Mitigation/Disclosure of Financial Relationships
 - Individuals disclose all, and accredited providers determine relevance of, financial relationships.
 - Disclosure period extended from 12 months to 24 months. The requirement that individuals disclose the financial relationships of their spouse/partner was removed.
 - Disclose to learners that all relevant financial relationships have been mitigated.
- Ancillary marketing and nonaccredited activities
 - Defined how much time (30-minute interval) must separate accredited activities and marketing or nonaccredited activities if they are held in the same educational space.

Standards

- Preamble/Eligibility (all)
- Standard 1: Ensure Content is Valid (all)
- Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education (all)
- Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships (all)
- Standard 4: Manage Commercial Support Appropriately (only if applicable)
- Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education (only if applicable)

STANDARD 1: ENSURING CONTENT IS VALID

Standard 1 applies to all accredited continuing education.

Ensure that education is **fair and balanced**... clinical content supports **safe, effective patient care**.

1. All recommendations based on **current science, evidence, and clinical reasoning**, while giving a **fair and balanced** view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used...must **conform to the generally accepted standards** of experimental design, data collection, analysis, and interpretation.
3. Discuss, debate, and explore **new and evolving topics**... facilitate engagement with these topics **without advocating** for, or promoting, practices that are not/not yet adequately based on current science, evidence, and clinical reasoning.
4. Cannot advocate for unscientific approaches to diagnosis or therapy, or promote recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective...

STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION

Standard 2 applies to all accredited continuing education.

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

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

STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION

Questions

1. Can a faculty member reference a book that she wrote or would that be considered “sales?”
2. Can we raffle off a book written by a faculty member?
3. Do we need to ask learners if they perceived any sales, marketing or commercial bias during the education?
4. What is meant by “explicit consent” of learners in terms of getting permission to share their information with ineligible companies?

STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION

Questions

1. Can a faculty member reference a book that she wrote or would that be considered “sales?” *Yes*
2. Can we raffle off a book written by a faculty member? *Yes*
3. Do we need to ask learners if they perceived any sales, marketing or commercial bias during the education? *No*
4. What is meant by “explicit consent” of learners in terms of getting permission to share their information with ineligible companies?
Positive response.

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS

Standard 3 applies to all accredited continuing education.

- **Accredited providers must take the following steps when developing accredited continuing education.**
 1. **Collect information:** Collect information from all ... about **all their financial relationships** with ineligible companies within the **prior 24 months**. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.
- Disclosure information must include:
 - a. The name of the ineligible company with which the person has a financial relationship.
 - b. The nature of the financial relationship...

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (CONT.)

2. **Exclude owners or employees of ineligible companies:** Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion:
 - a. When the content of the activity is not related to the business lines or products of their employer/company.
 - b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
 - c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (CONT.)

3. **Identify relevant financial relationships:** Review the information about financial relationships to **determine which relationships are relevant**. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
4. **Mitigate** relevant financial relationships: Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
 - a. Mitigate relationships prior to the individuals assuming their roles. **Take steps appropriate to the role of the individual**. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
 - b. Document the steps taken to mitigate relevant financial relationships.

•

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (CONT.)

5. **Disclose all relevant financial relationships to learners:** Disclosure to learners must include each of the following:
 - a. The names of the individuals with relevant financial relationships.
 - b. The names of the ineligible companies with which they have relationships.
 - c. The nature of the relationships.
 - d. **A statement that all relevant financial relationships have been mitigated.**
- Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.
-

STANDARD 3

Identifying “relevant financial relationships”?

- Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the **ineligible company** (with which they have the relationship).
- To include the prior **24 months** of individual’s involvement

STANDARD 3

What is “mitigation” of a relevant financial relationship?

- A process by which the accredited provider takes steps
- to prevent individuals with relevant financial relationships from inserting commercial bias into content.

STANDARD 3

Mitigating Relevant Financial Relationships

Before the person assumes their role in the CE activity, take steps to mitigate by preventing all those with relevant financial relationships from inserting commercial bias into content.

Planners, reviewers



Making decisions related to the scope and direction of the content, educational goals, identification of practice gaps and needs, selecting speakers, authors, reviewers

Faculty/teachers, authors



Teaching, writing, producing and delivering education

End the financial relationship

(including having ended the relationship within 24 months).

Recuse individual from controlling aspects of planning and content with which there is a financial relationship.

Peer review planning decisions and review determinations by persons without relevant financial relationships.

End the financial relationship

(including having ended the relationship within 24 months).

Recuse individual from controlling aspects of planning and content with which there is a financial relationship.

Peer review of content by persons without relevant financial relationships.

Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines).

STANDARD 3

Disclosure to Learners: Required Elements

Disclosure of relevant financial relationships:

- Name of individual
- Name of ineligible company
- Nature of relationship

A statement that all relevant financial relationships have been mitigated (when present).

STANDARDS FOR INTEGRITY AND INDEPENDENCE

Standard 3: Identify, Mitigate and Disclose Relevant Financial Relationships

- Applies to all accredited CE (with exceptions)
- Manage the potential to insert commercial bias based on financial relationships
- Specific to financial relationships with **ineligible companies**
- **No action required if there is no opportunity to insert bias based on content**

Exceptions- you can bypass this whole process for.....

- Non-clinical education
 - ✓ leadership, communication skills etc.
- Spontaneous case conversations among peers
 - ✓ bedside rounds, overnight cases (does not apply to RSS)
- Self-directed education
 - ✓ learning from teaching, remediation, personal development plan

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (CONT.)

- **Exceptions:** Accredited providers do not need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:
 1. Accredited education that is non-clinical...
 2. Accredited education, such as learning from teaching, remediation, or a personal development where the learner group is in control of content...
 3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted plan...

STANDARD 3

Most Common Reasons for Noncompliance

- Disclosure form does not include the correct definition of an ineligible company, 24 months or ask for ALL financial relationships
- Provider does not mitigate relevant financial relationships appropriate to the activity role of the individual (e.g. planner)
- The provider does not include all individuals in control of content in its disclosure to learners
- Provider does not recognize owning stock in privately-owned ineligible company is considered ownership and relationship cannot be mitigated (Noncompliance in Standard 2, 3)
- Provider inappropriately applies the exceptions

STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY

Standard 4 applies only to accredited continuing education that receives financial or in-kind support from ineligible companies.

- Accredited providers that choose to accept *commercial support* 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.
 1. Decision-making and disbursement...
 2. Agreement...
 3. Accountability...
 4. Disclosure to learners...

STANDARDS FOR INTEGRITY AND INDEPENDENCE

Standard 4: Manage Commercial Support Appropriately

- Applies only to accredited continuing education that receives financial or in-kind support from **ineligible companies**
- Does not establish a financial relationship between the ineligible company and the planners, faculty and others in control of content
- Must be documented with a written agreement that includes the accredited provider and the ineligible company providing the support (commercial supporter)
- An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive
- The accredited provider **must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners**

STANDARD 5: MANAGE ANCILLARY ACTIVITIES OFFERED IN CONJUNCTION WITH ACCREDITED CONTINUING EDUCATION

Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education.

- Accredited providers are responsible for ensuring that education is separate from
- marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from
- nonaccredited education offered in conjunction with accredited continuing education.
- Arrangements to allow ineligible companies to market or exhibit in association with accredited education...
- The accredited provider must ensure that learners can easily distinguish between accredited education and other activities...
 - Live continuing education activities...must not occur in the educational space within **30 minutes before or after** an accredited education activity
 - Print, online, or digital continuing education activities...
 - Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company...
 - Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
- Ineligible companies may not provide access to, or distribute, accredited education to learners.

STANDARD 5: MANAGE ANCILLARY ACTIVITIES OFFERED IN CONJUNCTION WITH ACCREDITED CONTINUING EDUCATION

Questions

1. What is the definition of “educational space?”
2. Is the “30 minute” separation requirement between marketing/non-accredited education and accredited education applicable only to live, in-person activities? What about live streamed, online activities?
3. Can marketing or non-accredited education take place at the same time as accredited education as long as it is in a different room and is clearly communicated to learners?

STANDARD 5: MANAGE ANCILLARY ACTIVITIES OFFERED IN CONJUNCTION WITH ACCREDITED CONTINUING EDUCATION

Questions

1. What is the definition of “educational space?” *Where the learner is engaging with content, material, faculty*
2. Is the “30 minute” separation requirement between marketing/non-accredited education and accredited education applicable only to live, in-person activities? What about live streamed, online activities? *All live*
3. Can marketing or non-accredited education take place at the same time as accredited education as long as it is in a different room and is clearly communicated to learners? *Yes*

STANDARDS FOR INTEGRITY AND INDEPENDENCE RESOURCES

Standards Toolkit

- ✓ Tools for Identifying, Mitigating, and Disclosing Relevant Financial Relationships
- ✓ Tools for Ensuring Valid Clinical Content
- ✓ Quick Tool to Simplify Educational Planning When Identification, Mitigation, and Disclosure is Not Required



Available at <http://www.accme.org/standards-resources>

TIME FOR LUNCH!

CASES in the Standards & Criteria



STANDARD 1

Case : Would this be considered valid content for a CME Activity?

A provider's target audience works in a remote area with a population of people who incorporate elements of natural medicine into their healthcare.

The provider is developing a CME activity to help learners understand the cultural importance of these practices, identify specific practices that could be harmful or are ineffective, and strategies for learners to communicate with their patients about their use of these practices.

Why or why not?

STANDARD 2

Case: Awesome Graphics

The Jones Healthcare System's CME team were approached by the Orthopedics department, with a proposal for an accredited activity on a new hip replacement surgical approach. The department chair had attended a presentation at a national orthopedics meeting that was given by employees of a company that makes hip prostheses. The chair felt that the presentation was fair and balanced and obtained a copy of the slides developed by the company to use as the basis for the presentation she would give. The animations included in these slides are of amazing educational value as they really demonstrated the optimal positioning of the prosthetic components and addresses the anatomical variations of several types of patients. The department chair has no financial relationships with any ineligible companies.

- STANDARD 2

Case: Awesome Graphics

- Activity on a new hip replacement surgical approach.
- The slides for the activity have been obtained from the company that makes the hip prostheses used in this approach.
- Department chair who has no financial relationships with ineligible companies will present the slides.

Would using these slides be acceptable in accredited CME?

Why or why not?

- STANDARD 3.1

Case: Its just a form! Slide 1

Greater Coastal Hospital has been using a disclosure form to collect financial relationships for the past 10 years. They were successful in their 2020 reaccreditation for the Standards for Commercial Support using this tool.

In 2022, they made changes to their form, as seen below:

Please provide all relevant financial relationships you have/had with Commercial Interests (companies that produce, market, resell or distribute products used by or on patients) for the past 24 month.

- STANDARD 3.1

Case: Its just a form! Slide 2

In their 2024 reaccreditation they were found noncompliant in Standard 3.1 by the FMA.

- Why?
- What should they do to fix this for their progress report?
- Why is this important?

STANDARD 3

Case: Dr. Jones and the Antibiotic Agenda

Scenario

Dr. Jones, planning and presenting on "New Horizons in Antibacterial Therapies," disclosed a financial relationship with HRH Pharmaceutical (antibiotics), serving on their speakers' bureau.

Relevance

Under **ACCME Standard 3.3**, this relationship is relevant because it relates directly to her topic. The CME coordinator used ChatGPT to confirm this relevance quickly and ensure compliance.

Mitigation

Per **Standard 3.4**, Dr. Chang, a planner with no financial relationships, will review Dr. Jones' presentation in advance, to ensure that it is evidence based, and balanced, in the context of Dr. Jones' relationship.

Key Question

Does this approach meet ACCME's standards for managing relevant financial relationships?

STANDARD 3

Dr. Jones and the Antibiotic Agenda: Key takeaway

Independent content review by a peer with no relevant financial relationships is an appropriate mitigation strategy for a speaker with relevant financial relationship(s).

STANDARD 3

Case: Navigating Mitigation by Role Slide 1

Background: Dr. Taylor, a planner for a CME activity on managing chronic pain, has a relevant financial relationship with a pharmaceutical company that produces pain management medications. He is on their speakers' bureau.

STANDARD 3

Case: Navigating Mitigation by Role Slide 2

Mitigation approach:

To mitigate Dr. Taylor's relevant financial relationship, the CME provider implemented a peer review of the educational content by Dr. Carter, who has no relevant financial relationships. Dr. Carter's review aimed to ensure the content was free from commercial bias and aligned with ACCME's Standards for Integrity and Independence in Accredited Continuing Education.

Do you agree with this approach?

STANDARD 3

Case: Navigating Mitigation by Role Slide 3

THIS WOULD NOT MEET THE EXPECTATIONS FOR
STANDARD 3- RATIONALE:

- Per Standard 3.4, the strategy of peer review of content is an acceptable mitigation strategy for individuals who are **faculty or presenters**.
- Peer review of is not suitable for planners, as they directly influence content development prior to its creation..

STANDARD 3

Case: Navigating Mitigation by Role Slide 4

What would be appropriate approaches?

- Exclude Dr. Taylor from planning altogether
- Not include him as a planner for the sections related to his relationship
- Ask another planner with no relevant financial relationships, and appropriate expertise in the content area to review the decisions that Dr. Taylor was involved in for any bias towards his relationship.

STANDARD 3, EXCEPTION 1

Case: Accredited education that is non-clinical, such as leadership or communication skills training.

Course Objective: Improve patient adherence to healthcare recommendations by 55% in the next fiscal year.

Educational Need: Strategies to support patients in making difficult behavioral changes.

Solution:

Consulting Firm Engagement: Motivational Interviewing workshops for staff across health professions.

Challenge:

Program Coordinator's View: After completing ACCME Academy courses, the coordinator believes the content will not present opportunities for commercial bias related to ineligible companies' products.

Recommendation: The coordinator emailed the CE director, suggesting planners and presenters be exempt from completing disclosure forms for efficiency.

STANDARD 3 EXCEPTION 1

Case: Accredited education that is non-clinical, such as leadership or communication skills training.

- Activity on improving patient adherence using motivational interviewing.
- Program Coordinator recommending that no information on financial relationships with ineligible companies needs to be collected from anyone involved in the development or presentation of the activity.

Do you agree with the Program Coordinator?

Why or why not?

STANDARD 3, EXCEPTION 2:

Case : Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.

Case: Oncology Case Conference at Astoria County Medical Center

Background:

- Activity:** Weekly oncology case conference held on Thursdays at 4:45 pm, with a light dinner.
- Role of CE Coordinator:** Responsible for room setup, attendance, and tracking outcomes.

Challenge:

- Spontaneous Format:** No formal agenda, cases brought in by the oncology team.
- The coordinator believed the activity met **Exception 2 of Standard 3** and thus stopped requesting disclosure forms from facilitators and moderators.

Solution:

- The CE Coordinator decided that due to the spontaneous nature of the discussions, the activity could be exempt from formal disclosure requirements.

Was this decision in alignment with the exceptions to Standard 3?

- STANDARD 3 EXCEPTION 2

Case : Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.

- Regularly Scheduled Series (RSS)
- Held weekly as case conferences
- No formal agenda
- CE Coordinator no longer collecting disclosure from the facilitators and moderators of the activity due to the “spontaneity” of the content

Has the CE Coordinator made the right decision?

Why or why not?

STANDARD 3 EXCEPTION 2

Case: Capturing Informal Learning in CME slide 1

Background:

- Janet's Role: Faculty Director of a Clinical Research group overseeing trials across a 3-state area in the Northwestern US.
- Responsibility: CME program for healthcare providers involved in clinical trials.

Challenge:

- Informal learning occurs during unplanned interactions (e.g., staff lunches, post-patient consultations).
- Janet had not considered these informal interactions for accredited Continuing Education (CE).

STANDARD 3 EXCEPTION 2

Case: Capturing Informal Learning in CME slide 2

Solution:

- After attending the ACCME Accreditation Workshop, Janet created an online tracking form.
- The form captures details from informal interactions, including:
 - Practice question or problem posed
 - Responses generated
 - Evidence cited
 - Actions taken post-conversation

Janet did not require anyone to complete disclosure forms, and did not have any indication to participants regarding the presence or absence of relevant financial relationships.

Is this an acceptable use of the exception to Standard 3? Why or why not?

- STANDARD 3 EXCEPTION 3

Case: Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan.

- Online enduring curriculum.
- Video cases.
- Learner chooses different follow up video vignettes to match the approach they would take with the patient described in the case.
- Planners suggesting that Exception 3 applies as the learner is “self-selecting” a pathway.

Should the provider implement Exception 3?

Why or why not?

STANDARD 3, EXCEPTION 3

Case: Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan.

Background:

Provider: The Phyllos Group, an independent, accredited medical education company.

Curriculum: Online CME focused on diagnosing unusual infectious diseases in geriatric patients.

- **Format:** Video-based vignettes with references to support clinical decision-making.

Learner Control: Clinician learners choose which vignettes and clinical pathways to engage with.

Curriculum Structure: Designed for self-direction, allowing learners to select cases and pathways based on individual needs.

Challenge:

Proposal: Activity planners suggested the curriculum qualifies for **Exception 3**, have requested to not collect disclosure from planners, writers, reviewers and presenters

STANDARD 4

Case Study: "Breakfast with Boundaries: Great Coastal Hospital's CME Challenge"

The Scenario

Great Coastal Hospital's CME team hosts a monthly M&M conference over breakfast, complete with coffee, bagels, and fruit. But next year's budget cuts mean breakfast might be off the table!

The Offer

Sara, the CME coordinator, is brainstorming solutions when Connie from GoodNews Pharma offers to cover the cost "informally" with her expense account—no paperwork required. Problem solved?

The Standard

Under **Standard 4**: All educational activities must avoid commercial influence. Financial support from commercial interests must be formally documented and managed transparently.

Discussion Point

Should Sara accept Connie's help? What risks might this "informal" arrangement pose for compliance with ACCME standards?

STANDARD 4

Case Study: "A Grand Opportunity for Great Coastal Hospital?"

The Scenario

A nationally accredited medical education company approaches Great Coastal Hospital's CME department with an offer to co-sponsor a Grand Rounds session. They propose an educational grant from PharmaMed, a pharmaceutical company, to support the session. Great Coastal Hospital would be the accredited provider, but the medical education company has already signed an agreement with PharmaMed to secure the grant.

STANDARD 4

Case Study: "A Grand Opportunity for Great Coastal Hospital?"

The Scenario

A nationally accredited medical education company approaches Great Coastal Hospital's CME department with an offer to bring a nationally known speaker in for a Grand Rounds session, that would be accredited by GCH. They have already obtained a very large educational grant from PharmaMed, a pharmaceutical company, to support similar sessions with local and regional hospitals all over the country. The grant funds would cover the travel and honorarium for the speaker, as well as the costs for sandwiches and soft drinks for the learners. The speaker will be using a slide deck that she developed in collaboration with the staff of the medical education company.

STANDARD 4

Case Study: "A Grand Opportunity for Great Coastal Hospital?"

The Questions

Should Great Coastal agree to this arrangement?

If not, why not?

If so, how can they do it and meet the expectations of Standard 4?

STANDARD 5

Case Study: Big Conference, Small Space

Great Coastal Hospital, which is accredited by the Florida Medical Association to provide, is planning a full day accredited activity on cardiovascular health. They've arranged for PharmaCo, a pharmaceutical company, to sponsor a product demonstration booth. The proceeds from this arrangement will be very important to the provider because their CME budgets for their RSS have been severely cut in the last several years.

Key Points:

- The space available is a single large room.
- Because of fire regulations, no activity can occur in the hallway/foyer because the provider already has registration and lunch set up in this space.
- The booth will showcase PharmaCo's new blood pressure medication
- It's scheduled to operate during breaks between sessions
- -PharmaCo has requested their logo be displayed on conference materials

STANDARD 5

Case Study

How should GCH proceed to comply with ACCME Standard 5?

- A) Allow the booth, but keep it 30 minutes before/after sessions
- B) Include PharmaCo's logo on all conference materials
- C) Permit the booth to operate during educational sessions
- D) Decline PharmaCo's sponsorship entirely

Educational Needs: True or False

“The field of transplant surgery is constantly evolving at a rapid pace and the healthcare team needs to keep pace. Annual updates on the latest surgical techniques, patient selection and treatment for post-transplant care are needed.”

This provider has identified a “professional practice gap”

Educational Needs: True or False?

Health care professionals rarely receive instruction on the skills needed to be an effective educator while in training. Our faculty have expressed a desire to learn how to effectively provide feedback to their learners.

CME cannot be about “being an effective educator;” it must be about providing better patient care.

Designed to Change: True or False

“After participating in this ‘Train the Trainer’ activity, our staff – who serves as faculty for all regularly scheduled series – will know the benefits of giving feedback during educational events.”

This provider has designed this activity to make a change in their learners consistent with what is expected by the Designed to Change criterion.

Designed to Change: True or False

“After participating in this ‘Train the Trainer’ activity, our staff – who serves as faculty for all regularly scheduled series – **will know how to implement effective strategies for giving feedback** during educational events.”

This provider has designed this activity to make a change in their learners consistent with what is expected by the Designed to Change criterion.

Analyzes Change

The Women's Hospital CME program offers monthly case conferences as its only educational format. Committee members review data and information twice a year from a survey of all medical practitioners on their satisfaction with the educational opportunities available and what other topics they would like addressed.

The committee summarizes the information and provides a report to the Board of Directors. Based on this information from the past four years, we have determined that our learners find the education valuable.

Does this example meet expectations for Analyzes Change?

Case: Summing up a CME program's success for Analyzes Change

Everglades Health CME program, uses an evaluation form to collect information from learners for each activity offered. The evaluation forms ask learners for new strategies or changes they will make in practice as a result of participating in the activity.

Our CME Committee reviews the evaluations at its quarterly meeting. Overall, 79% of our learners have indicated specific changes they will make in practice. Based on our review of data, we conclude that the program is having a positive impact on learner competence which is consistent with the goals articulated in our CME Mission.

Does this meet the expectations of the overall program analysis required in Analyzes Change?

ANALYZES CHANGE

Appropriate method to measure change in Competence, Performance or Patient Outcomes?

The provider uses mobile technology to capture evaluation data from every learner with each one of its CME activities. Using a QR code, the learner is required to answer three questions in order to obtain credit:

1. This activity will change my practice (YES or NO)
2. I perceived commercial bias in this activity (YES or NO)
3. The faculty were well prepared and excellent teachers (Mark from 1-5, with 1 being completely disagree to 5 being completely agree).

PROGRAM ANALYSIS

Does this suffice for an overall program analysis?

Based on our review of activity data and the comprehensive review by the CME committee we conclude that our program was successful in achieving the expected results described in our mission. Specifically, the information reviewed demonstrates activities offered have improved learner ability, and in some cases, performance and/or patient outcomes.

Some examples of the positive impact our CME/CPD program has had include the following:

Improved learner ability and performance in a variety of clinical areas.

- Better management of A1c rates in diabetic patients
- Immunization rates for combo 10 vaccinations
- Improving initiation and adherence of statins

PROGRAM ANALYSIS

Does this suffice for an overall program analysis?

Based on our review of activity data and the comprehensive review by the CME committee we conclude that our program was successful in achieving the expected results described in our mission. Specifically, the information reviewed demonstrates activities offered have improved learner ability, and in some cases, performance and/or patient outcomes. Some examples of the positive impact our CME/CPD program has had include the following:
Improved learner ability and performance in a variety of clinical areas.

- Better management of A1c rates in diabetic patients
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The Expectations

The provider:

- ☐ Has appropriate change data/info for learners/learners' patients from CME activities [Analyzes Change] **PLUS**
- ☐ Assesses change **across all** activities in the CME Program **PLUS**
- ☐ Reflection back to CME mission

GRACIAS!!!

Preguntas?
Don't be shy!

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