



THE ACCME'S ESSENTIAL AREAS AND THEIR ELEMENTS

ESSENTIAL AREA 1: PURPOSE AND MISSION

The provider must,

- Element 1 Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.

ESSENTIAL AREA 2: EDUCATIONAL PLANNING

The provider must,

- Element 2.1 Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.
- Element 2.2 Use needs assessment data to plan CME activities.
- Element 2.3 Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.
- Element 3.3 Present CME activities in compliance with the ACCME's policies for disclosure and commercial support.

[NOTE: The ACCME's policies for disclosure and commercial support are articulated in: **(1) *The Standards For Commercial Support: Standards to Ensure Independence in CME Activities***, as adopted by ACCME in September 2004; and **(2) ACCME policies applicable to commercial support and disclosure**. All materials can be found on www.accme.org.]

Essential Area 3: Evaluation and Improvement

The provider must,

- Element 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.
- Element 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.

COMPLIANCE WITH THE FOLLOWING WILL BE DETERMINED AT PRE APPLICATION AND, AS REQUIRED, DURING THE PROVIDER'S TERM OF ACCREDITATION

ADMINISTRATION

The provider must,

- Element 3.1 Have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent organization exists
- Element 3.2 The provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs and legal obligations), so that its obligations and commitments are met.

**2006 UPDATED DECISION-MAKING CRITERIA
RELEVANT TO THE ESSENTIAL AREAS AND ELEMENTS**

Measurement criteria have been established for the Elements of the Essential Areas. If a provider meets the criteria for the Elements within the Essential Area, the provider will be deemed to be 'In Compliance.'

Essential Area and Element(s)		Criteria for Compliance
Essential Area 1: Purpose And Mission	<p>The provider must,</p> <p>E 1 Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.</p>	<p>C 1 The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.</p>
Essential Area 2: Educational Planning	<p>The provider must,</p> <p>E 2.1 Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.</p> <p>E 2.2 Use needs assessment data to plan CME activities.</p> <p>E 2.3 Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.</p> <p>E 3.3 Present CME activities in compliance with the ACCME's policies for disclosure and commercial support.</p>	<p>C 2 The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</p> <p>C 3 The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.</p> <p>C 4 The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.</p> <p>C 5 The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</p> <p>C 6 The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).</p> <p>C 7 The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).</p> <p>C 8 The provider appropriately manages commercial support (if applicable, SCS 3).</p> <p>C 9 The provider maintains a separation of promotion from education (SCS 4).</p> <p>C 10 The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</p>
<p>[Note: Regarding E 3.3 and C7 to C10 - The ACCME's policies for disclosure and commercial support are articulated in: (1) The Standards For Commercial Support: Standards to Ensure Independence in CME Activities, as adopted by ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All these materials can be found on www.accme.org.]</p>		

Essential Area and Element(s)	Criteria for Compliance
<p style="text-align: center;">Essential Area 3: Evaluation and Improvement</p> <p>The provider must, E 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs. E 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.</p>	<p>C 11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions</p> <p>C 12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.</p> <p>C 13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.</p> <p>C 14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.</p> <p>C 15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.</p>
<p style="text-align: center;">Accreditation with Commendation</p> <p>In order for an organization to achieve the status Accreditation with Commendation, the provider must demonstrate that it fulfills the following Criteria 16 - 22, in addition to Criteria 1-15.</p>	<p>C 16. The provider operates in a manner that integrates CME into the process for improving professional practice.</p> <p>C 17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).</p> <p>C 18. The provider identifies factors outside the provider's control that impact on patient outcomes.</p> <p>C 19. The provider implements educational strategies to remove, overcome or address barriers to physician change.</p> <p>C 20. The provider builds bridges with other stakeholders through collaboration and cooperation.</p> <p>C 21. The provider participates within an institutional or system framework for quality improvement.</p> <p>C 22. The provider is positioned to influence the scope and content of activities/educational interventions.</p>

THE ACCME STANDARDS FOR COMMERCIAL SUPPORTSM
Standards to Ensure Independence in CME Activities

STANDARD 1: INDEPENDENCE

- 1.1** A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org for a definition of a 'commercial interest' and some exemptions.)
- (a) Identification of CME needs;
 - (b) Determination of educational objectives;
 - (c) Selection and presentation of content;
 - (d) Selection of all persons and organizations that will be in a position to control the content of the CME;
 - (e) Selection of educational methods;
 - (f) Evaluation of the activity.
- 1.2** A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.⌘

STANDARD 2: Resolution of Personal Conflicts of Interest

- 2.1** The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "'relevant' financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
- 2.2** An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.
- 2.3** The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.⌘

STANDARD 3: Appropriate Use of Commercial Support

- 3.1** The provider must make all decisions regarding the disposition and disbursement of commercial support.
- 3.2** A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a

commercial interest as conditions of contributing funds or services.

- 3.3** All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

- 3.4** The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint sponsor.

- 3.5** The written agreement must specify the commercial interest that is the source of commercial support.

- 3.6** Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME

- 3.7** The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

- 3.8** The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

- 3.9** No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

- 3.10** If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

- 3.11** Social events or meals at CME activities cannot compete with or take precedence over the educational events.

3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability

3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support. ☞

STANDARD 4. Appropriate Management of Associated Commercial Promotion

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- For *print*, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
- For *computer based*, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content.
- For *audio and video recording*, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
- For *live, face-to-face CME*, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities. ☞

STANDARD 5. Content and Format without Commercial Bias

5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company. ☞

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

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

Commercial support for the CME activity.

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

6.4 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

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



Some Examples of Desirable Physician Attributes (Criterion #6)

Institute of Medicine Core Competencies	ACGME/ABMS Competencies	ABMS Maintenance of Certification
<p>Provide patient-centered care – identify, respect, and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; 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 evidence-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>Patient 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 result 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 for health care and the ability to effectively call on system resources to provide care that is of optimal value.</p>	<p>Evidence of professional standing, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.</p> <p>Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning.</p> <p>Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues such as ethics and professionalism.</p> <p>Evidence of evaluation of performance in practice, including the medical care problems provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.</p>

For more information on these physician attributes, visit:

<http://www.iom.edu/CMS/3809/4634/5914.aspx>

www.acgme.org

www.abms.org

VERB WORKSHEET FOR PREPARING LEARNING OBJECTIVES

Behavioral Verbs for Writing Objectives in the Cognitive, Affective and Psychomotor Domains

Some verbs for use in stating COGNITIVE outcomes

Knowledge	Comprehension	Application	Analysis	Synthesis	Evaluation
define	discuss	compute	distinguish	diagnose	evaluate
list	describe	demonstrate	analyze	propose	compare
recall	explain	illustrate	differentiate	design	assess
name	identify	operate	compare	manage	justify
recognize	translate	perform	contrast	hypothesize	judge
state	restate	interpret	categorize	summarize	appraise
repeat	express	apply	appraise	plan	rate
record	convert	use	classify	formulate	choose
label	estimate	practice	outline	arrange	decide
		predict		organize	

Some verbs for use in stating AFFECTIVE outcomes

Receiving	Responding	Valuing	Organization	Value Complex
sit erect	answer	join	adhere	act
reply	greet	share	integrate	practice
accept	read	complete	organize	discriminate
show	report	follow		Influence

Some verbs for use in stating PSYCHOMOTOR outcomes

Perception	Set	Guided Response	Mechanism	Complex	Adaptation	Origination
identify	react	display	display	display	adapt	create
detect	respond	manipulate	manipulate	manipulate	revise	compose
differentiate	start	work	work	work	change	arrange
		perform	write	operate		

Words that SHOULD NOT BE USED as cognitive objectives

know	really know	understand	appreciate	become
learn	think critically	approach	Improve	grow
increase	expand horizons	grasp significance		



**University of California, Davis, Health System
Office of Continuing Medical Education
FACULTY DISCLOSURE FORM
Fax completed form to: 916-734-0776**

It is the policy of UC Davis Health System Continuing Medical Education to insure balance, independence, objectivity and scientific rigor in all CME activities. CME content will be evidence based and free of commercial bias. Anyone engaged in content development, planning or presentation must complete this form. Persons who fail to complete this form may not participate in the CME activity. All identified conflicts of interest will be resolved, and disclosure will be made to activity participants.

CME Activity Title:

Date:

Your role in this CME activity: Presenter Author Course Director Moderator Panel Planning Committee

DISCLOSURE

Conflict exists when you have a financial interest in a company and the opportunity to affect the CME content about that company's product or service as related to your presentation at this activity.

Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with the manufacturer of the products or services **that will be discussed in this CME activity?**

- NO Skip to Declaration section**
 YES Please list your disclosures and resolutions below

Commercial Interest	List Nature of Relevant Financial Relationship
Company	Examples: Recipient of grants/research support, honorarium, royalty; employee, consultant, speakers' bureau, board member, advisor or review panel member; independent contractor; stock shareholder (excluding mutual funds); holder of intellectual property rights, or other (identify)
1.	
2.	
3.	
4.	
5.	

RESOLUTION OF CONFLICT OF INTEREST

Please indicate below how the conflict of interest will be resolved.

Presenters, Authors, Course Directors, Moderators, Panel Members:

- I will support my lecture and clinical recommendations with the "best available evidence" from the medical literature.
- I will refrain from making recommendations regarding products or services, e.g., limit talk to pathophysiology, diagnosis, and/or research findings.
- I will recommend an alternative speaker for this topic for the planning committee's consideration.
- I will submit my talk in advance to allow for adequate peer review.
- I will divest myself of this financial relationship.
- As a course chair or planning committee member, to the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.

Planning Committee Members, Meeting Coordinators

- To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.
- I will recuse myself from planning activity content in which I have a conflict of interest.

Additional information may be requested to resolve conflict of interest. Disclosure will be made to participants prior to educational activity.

DECLARATION

I will uphold academic standards to insure balance, independence, objectivity and scientific rigor in my role in the planning, development or presentation of this CME activity. In addition, I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (**HIPAA**). I agree to provide verbal disclosure prior to my presentation at the activity.

Please print name:

Signature

Date

Thank you for completing this form. Please return this form to the program organizer. If you have questions regarding the UC Davis Health System CME Conflict of Interest Policy, please call 916-734-5390.

EDUCATIONAL OUTCOMES CONSTRUCTOR

Use the tables below to construct educational outcomes measurements that match the goal of your activity:

MEASUREMENT OF COMPETENCE OPTION 1 Case studies or vignettes and questions that measure <i>application</i> of knowledge to practice)									
Write case study or vignette below:	Write multiple choice questions for learners to answer related to the case and indicate correct answer with asterisk (*).								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Question</th> <th>Answer Choices</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">1.</td> <td>A. B. C. D.</td> </tr> <tr> <td style="vertical-align: top;">2.</td> <td>A. B. C. D.</td> </tr> <tr> <td style="vertical-align: top;">3.</td> <td>A. B. C. D.</td> </tr> </tbody> </table>	Question	Answer Choices	1.	A. B. C. D.	2.	A. B. C. D.	3.	A. B. C. D.
Question	Answer Choices								
1.	A. B. C. D.								
2.	A. B. C. D.								
3.	A. B. C. D.								

MEASUREMENT OF COMPETENCE OPTION 2 Using question pairs	
PRE-TEST	
Ask this question before the activity: How often do you <u>currently</u> use each of the following patient care strategies? (1 – never to 5 = always)	
Insert strategy 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Insert strategy 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Insert strategy 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
POST-TEST	
Asks this question after the activity: Based on your participation in this CME activity, how often do you <u>now plan</u> to use each of the following patient care strategies?	
Insert strategy 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Insert strategy 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Insert strategy 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

MEASUREMENT OF PERFORMANCE 3 Months Post-Activity (follow-up questions)
Question 1
Question 2
Question 3
Question 4

MEASUREMENT OF PATIENT OUTCOMES (may be self-reported and anecdotal)	
Please describe two patient outcomes you've observed on patient use of <insert specific interventions the activity recommended to learners>:	
Recommended intervention 1	Physician-learner's observation
Recommended intervention 2	Physician-learner's observation