

SOUTH DAKOTA STATE MEDICAL ASSOCIATION

Values. Ethics. Advocacy.

A Directed Self-Assessment for Readiness to Meet ACCME/SDSMA's Updated Accreditation Criteria

This directed self-assessment is designed to help you identify 1) practices that your organization **already uses and** which meet the ACCME/SDSMA's Updated Accreditation Criteria as well as 2) areas for **improvement**. Throughout this exercise, you will be comparing your practices, procedures and performance to the ACCME/SDSMA's Updated Criteria.

This assessment tool is designed to help you reflect on your organization's **current** compliance with the ACCME/SDSMA's Updated Criteria. Using it you will:

- A.** Assess your **overall CME program**
- B.** Assess your **educational activities**, as a part of your CME program.
- C.** Assess your **organizational improvement**
- D.** Assess your **organizational engagement with the environment**
- E.** Develop an **improvement plan** for your organization

Although this assessment is designed to be a self-directed activity, it is not intended to be completed in isolation. The process of assessing your organizational practices is an opportunity for individual, group, and organizational learning and change. ACCME and SDSMA recommend that you enlist the input of others in your organization to complete the assessment and interact with CME colleagues in the process.

A

A Starting Point: Assess your Overall CME Program

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

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

<p>1) Look at your organization's CME Mission Statement. Does your Mission include all of the following: 1) <i>purpose</i> of the CME Program, 2) <i>content</i> to be included in the activities of the CME Program, 3) <i>target audience</i> for the CME activities, 4) the <i>types</i> (or format) of activities in your CME Program, 5) <i>expected results</i> of your CME Program, and 6) <i>approval</i> by governing body? If not, what is missing?</p>	<p>Your observations:</p>
<p>2) What are the expected results contained in your Mission? Are they described as changes in any of the following? Competence – <i>Knowing how to do something (Miller, 1990); ability.</i> Performance – <i>The skills, abilities, and strategies one implements in practice.</i> Patient outcomes – <i>The process and content of the quality and safety of care.</i></p>	<p>Your observations:</p>

Criterion 12: The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

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

B

Assess your Educational Activities, as a Part of your CME Program.

Think about **one of your** recent CME activities:

- What was the activity?
- What was the need?
- What was your desired result? What were your objectives?
- What format did you use?
- What did you do to evaluate the effectiveness of the activity?

Activity Name:

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

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

<p>6) What professional practice gap did this activity try to address? When you identified the need, what was the professional practice gap that you based it on? For example, what was the problem? How did you know about this gap? How were you sure it was a gap of your learners?</p>	<p>Your observations:</p>
<p>7) Based on the gap, did the planners identify a knowledge, competence or performance need? For example, did physicians need to know something, learn how to do something, develop a strategy for doing something, or need to change something in their practice?</p>	<p>Your observations:</p>
<p>8) If the activity had a knowledge, competence or performance need, what was it? How did you go about deducing this need from this gap? If it did not have a knowledge, competence or performance need, why not?</p>	<p>Your observations:</p>

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

<p>9) Based on the need, how did the design of the activity promote changes to meet that need (i.e. to change competence, performance, or patient outcomes)?</p>	<p>Your observations:</p>
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Criterion 4: The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.

<p>10) Describe (in general) the scope of practice of your physician target audience. For example, do they serve a specific patient group or multiple groups? Do they have both clinical and non-clinical responsibilities? Are there areas of medicine that they practice which are outside their specialty?</p>	<p>Your observations:</p>
<p>11) How well do you think your CME program matches up to your learners' scope of practice?</p>	<p>Your observations:</p>
<p>12) Did you consider the physicians' scope of practice in your CME activity planning process? If not, where in your planning process could you consider the physicians' scope of practice?</p>	<p>Your observations:</p>

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

<p>13) What format did you choose for the activity (e.g. didactic, small groups, virtual patients, self-directed learning)? Why did you choose the format used for the CME activity?</p>	<p>Your observations:</p>
<p>14) When choosing the format, did you consider the setting, objectives, and desired results? If so, what was the process? If not, why? Where could you add this in your planning process?</p>	<p>Your observations:</p>

Criterion 6: The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).

<p>15) Did the content relate to an IOM, ACGME, other competency, or other desirable physician attribute? For example, the American Medical Association's Code of Ethics? The American College of Physicians' Ethics and Professionalism Policies and Charter? If you're not sure how could you find out? Are there resources in your organization that could help you answer this question?</p>	<p>Your observations:</p>
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- Criterion 7: The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).
- Criterion 8: The provider appropriately manages commercial support (if applicable, SCS 3).
- Criterion 9: The provider maintains a separation of promotion from education (SCS 4).
- Criterion 10: The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

<p>16) How does your planning process help you to ensure that:</p> <ul style="list-style-type: none"> ▪ your organization’s activities/educational interventions are developed independent of commercial interests? ▪ promotion is separated from education? ▪ commercial support is managed appropriately (if applicable)? ▪ activities promote improvements in health care and not proprietary interests of a commercial interest? 	<p>Your observations:</p>
<p>17) What does your own monitoring data tell you about your success with the Standards of Commercial Support?</p>	<p>Your observations:</p>

Integrating Activity Evaluation into Program Evaluation

- Criterion 11: The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions.

<p>18) Did you evaluate the activity? Did your evaluation of the activity tell you if change occurred? Did the change address the need you had identified?</p>	<p>Your observations:</p>
<p>19) How comprehensive is your data describing how your activities have contributed to meeting your mission? Taken together, do your evaluations of your activities tell you if changes are occurring? Did the changes demonstrate that you have achieved the expected results articulated in your mission?</p>	<p>Your observations:</p>

- Criterion 12: The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

<p>20) Can you report, with confidence, that you have met your CME mission? What are the elements that are critical to your success – that must be preserved?</p>	<p>Your observations:</p>
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Assess your Organizational Improvement

Now, reflect on the following questions about your whole program and improvements in your organization and record your observations in the space provided.

Criterion 13: The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

21) Based on what you know about how well your organization's overall CME program is doing, have you identified areas for improvement ? If so, what were some of those areas? How do these areas relate to your mission? If you have <i>not</i> yet identified areas for improvement, how could you begin this process? Who might you enlist to help you identify areas for improvement?	Your observations:
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Criterion 14: The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.

22) If you did identify areas for improvement, did you then implement changes in your CME Program to make those improvements? What were some of the changes that you made?	Your observations:
23) If you have not already identified and implemented improvements, what can you do to identify areas for improvement?	Your observations:

Criterion 15: The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.

24) If you made improvements to your overall CME program, have the changes impacted your organization's ability to meet its CME Mission ? How do you know? If you're not sure, how could you assess the impact of your improvements?	Your observations:
25) If you are unsure about how well your organization's CME program is doing, how can you find out? What other measures can you use?	Your observations:

D

Assess Your Organizational Engagement in the Environment

Reflect on the following questions about your organization's engagement with its environment and record your observations in the space provided. These questions relate to both general initiatives/programs/strategies that you organization may have employed and initiatives/programs/strategies as they relate to specific CME activities.

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

<p>26) Not related to a specific CME activity, but in general, has your organization used any non-educational strategies to complement its educational efforts (i.e. sending reminders about techniques or information discussed at a CME activity, patient surveys, a physician "report card")? If not, can you identify any non-educational strategies that your organization could implement to enhance physician change?</p>	<p>Your observations:</p>
<p>27) When you are planning a CME activity, does your planning process prompt you to consider non-education strategies that are already being implemented or could be implemented in support of the changes your CME activity is promoting?</p>	<p>Your observations:</p>

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

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

<p>28) Not related to a specific CME activity, but in general, has your organization identified and worked with other stakeholders in quality and patient safety improvement initiatives? For example, with community groups, government agencies, foundations, societies, etc? If so, what were these initiatives? Did your organization offer CME activities on topic related to these initiatives?</p>	<p>Your observations:</p>
<p>29) When you are planning a CME activity, does your planning process prompt you to seek out internal or external groups for collaboration on the topic? Does your planning process include the identification of internal or external initiatives that relate to your CME activity topic?</p>	<p>Your observations:</p>
<p>30) If your planning process does not prompt you seek out collaboration, the identification of initiatives related to your CME activity, or non-educational strategies that could complement your CME activity, where in your planning process could you consider these issues?</p>	<p>Your observations:</p>

- Criterion 18:** The provider identifies factors outside the provider’s control that impact on patient outcomes.
- Criterion 19:** The provider implements educational strategies to remove, overcome or address barriers to physician change.

<p>31) Not related to a specific CME activity, but in general, has your organization worked to identify factors outside of your control that impact on patient outcomes? Has your organization helped physicians overcome barriers they may face to achieve improvements in patient quality and safety?</p>	<p>Your observations:</p>
<p>32) When you are planning a CME activity, does your planning process prompt you to consider barriers that physicians may encounter when trying to make the change your CME activity is designed to promote? Does your process identify factors outside of your control that are impacting patient outcomes? If yes, do you then incorporate a discussion of these barriers and strategies to remove, overcome, or address the barriers into the CME activity? Do you implement other strategies to help physicians remove, overcome, or address the barriers?</p>	<p>Your observations:</p>
<p>33) If your planning process does not prompt you to consider barriers physicians may encounter or factors outside of your control, where in your planning process could you consider these issues?</p>	<p>Your observations:</p>

- Criterion 16:** The provider operates in a manner that integrates CME into the process for improving professional practice.
- Criterion 22:** The provider is positioned to influence the scope and content of activities/educational interventions.

<p>34) Reflect on your responses to this self-assessment. Based on your responses, to what extent would you say your organization integrates CME into the process for improving professional practice? What are some examples of ways your organization has integrated CME into this process?</p>	<p>Your observations:</p>
<p>35) Reflect on your responses to this self-assessment. Based on your responses, to what extent would you say your organization is positioned to influence the scope and content of activities/educational interventions? What are some examples of ways your organization has influenced the scope and content of activities/educational interventions?</p>	<p>Your observations:</p>

Improvement Plan

Now that you have reflected on your CME Program, your activities, your organizational improvements and the manner in which your organization engages with its environment, you can identify areas that you will either need to seek out further information or focus on making improvements.

Look back through the observations you noted in sections A through D:

IF...

there were questions or criteria that you did not understand and therefore could not assess your performance,

there were questions that you answered “I don’t know” because you were uncertain of your organization’s practice,

THEN...

contact SDSMA for additional information or clarification.

- either seek out the person within your organization who can help you answer those questions,
- or talk to some of your peers about what their organizations are doing.

there were questions to which your response was “no” or “we don’t have or do this,”

these may be areas of improvement for your organization; however, please ensure that you

1. understand the questions or criteria and
2. have exhausted all internal resources and you know that your organization does not have or does not do the practice/task currently.



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A Snap Shot of Your Organizations' Level of Compliance

You may find this form helpful to keep track of your level of compliance with ACCME/SDSMA's Updated Criteria for Compliance with the Accreditation Elements

		Yes	No	
2.1	Mission	Has mission statement that includes (Criterion 1)		
		Purpose		
		Content		
		Target		
		Types		
		Expected results articulated in changes in competence, performance, or patient outcomes Approval by governing body		
2.2	Planning and Implementation of CME	Gap identified		
2.3		Gap of own learners (Criterion 2)		
		Knowledge, Competence, or Performance need incorporated (Criterion 2)		
		Designed to change competence, performance, or patient outcomes (Criterion 3)		
		Content matches scope (Criterion 4)		
		Formats appropriate to setting (Criterion 5)		
		Formats appropriate to objectives (Criterion 5)		
		Formats appropriate to desired result (Criterion 5)		
		Activities in context of desirable physician attributes (Criterion 6)		
		Developed independently (Criteria 7)		
			Yes	No
		SCS 1	<input type="checkbox"/>	<input type="checkbox"/>
	SCS 2	<input type="checkbox"/>	<input type="checkbox"/>	
	SCS 6	<input type="checkbox"/>	<input type="checkbox"/>	
3.3		CS managed appropriately SCS 3 (Criterion 8)		
		Maintains a separation of promotion from education SCS 4 (Criterion 9)		
		Activities promote improvements in healthcare SCS 5 (Criterion 10)		
		Activities do NOT promote proprietary interests SCS 5 (Criterion 10)		
2.4	Planning and Implementation of Program Self Assessment and Improvement	Analysis of changes present (Criterion 11)		
2.5		Competence		
		Performance		
		Patient outcomes		
		Has data on meeting mission (Criterion 12)		
		Has an analysis of data (Criterion 12)		
		Has identified needed changes (Criterion 13)		
		Has plans for changes (Criterion 13)		
		Has implemented changes (Criterion 13)		
		Changes underway or completed (Criterion 14)		
		Has data/information on impact of changes (Criterion 15)		

		Yes	No
Accreditation with Commendation LEVEL 3	Integrates CME into the process for improving professional practice. (Criterion 16)		
	Utilizes non-education strategies to enhance change. (Criterion 17)		
	Identifies factors outside the provider's control that impact on patient outcomes. (Criterion 18)		
	Implements educational strategies to remove, overcome or address barriers to physician change. (Criterion 19)		
	Builds bridges with other stakeholders (Criterion 20)		
	Participates within an institutional or system framework for quality improvement. (Criterion 21)		
	Positioned to influence the scope and content of activities/educational interventions. (Criterion 22)		