

Strategies for Implementing the Proposed New ACCME Criteria for Commendation

Briefing and Strategy Webinar Series for the CME Community

WEBINAR 3: CRITERIA 26, 31, 32, 33 & 34—DECEMBER 18, 2014



Welcome!

Principal Presentation Facilitators:



Judy Sweetnam, M.Ed., CCMEP



Steven Passin, FACEHP, CCMEP

Panelists & Discussants:



Susan O'Brien



Denise Doyle, CCMEP

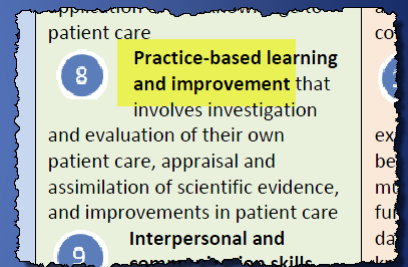


Criterion 26 – Undergraduate/Postgraduate Student Engagement in CME Planning



Integration of Undergraduate or Postgraduate Health Professions' Students as CME Researchers and CME Planners

- Part of the ACCME's interest in the integration of undergraduate, graduate and continuing medical education in to the continuum of medical education
- This criterion also relates to the physician competency of Practice-Based Learning
- Where CME can relate to contributions to student learning, the ACCME will reward providers that support practice-based learning and improvement for students and also use students in the research and planning of CME as a learning opportunity



Evidence of Compliance for C26



- Documentation of compliance with C26 requires:
 - Demonstration of the engagement with health professions students either as a part of research and planning tasks that support CME planning, or that there is a two-way information highway in which students learn from CME and contribute to CME
 - Evidence of compliance might include notes from planning activity demonstrating student involvement in planning
 - Other evidence might include health professions student attendance in RSS sessions, presentations of information at RSS sessions, and student panels at CME activities in which they engage in the content of the activity



Interview with Leslie Lynch



Contact Information for Leslie
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LESLIE LYNCH IS THE ADMINISTRATIVE DIRECTOR OF THE OHIO HEALTH CME PROGRAM



Criterion 31

Strategies to Enhance Change



Utilization of Strategies to Enhance Change

- Is similar to and replaces C17 and C19
- Links concepts of designing ancillary tools with an **understanding of the barriers faced by learners** – all to facilitate better results
- The use of these adjunct tools are meant to indicate that they are **outside the main certified CME activity**, but used as strategies to help learners implement the intended results
- These ancillary and adjunct tools may include such items as **reminders; patient feedback; implementation toolkits, algorithms, other strategies to remove, overcome or address barriers to physician change** that were identified in the planning of the activity



Evidence of Compliance for C31



- To demonstrate compliance with CME, capture evidence such as:
 - Planning notes that identify barriers to physician change associated with the activity or groups of activities across a system
 - Tools that match the identified barrier to physician change showing specifically how the tool addresses the issue associated with the barrier
 - Sample ancillary tools utilized in specific CME activities, maintained as PDF documents in activity files
 - Feedback from learners on the impact that the ancillary tools made in achieving and implementing desired CME results



Criterion 32

Research Design & Publication



Implementation of a Research Design and Publication Strategy in the Evaluation of CME

- This criterion is meant to propagate a scholarly pursuit to advance the field of CME
- The criterion suggests that CME providers should take responsibility for furthering the art and science of continuing professional development (CPD) through scholarly research design, publication of the results of research on the advancement of CPD, and the evaluation of the impact of CME on changing behaviors that lead to improvements in healthcare outcomes



Evidence of Compliance for C32



- Research conducted in the field of CPD leading to publication and/or post presentations
- Maintain copies of all published articles and posters



Interview with Dr. Curt Olson



Contact Curt Olson at
caolson22@gmail.com

CURT OLSON, PhD IS THE EDITOR-IN-CHIEF OF THE JOURNAL OF CONTINUING EDUCATION IN THE HEALTH PROFESSIONS (JCEP) AND ASSISTANT PROFESSOR AT THE GEISEL SCHOOL OF MEDICINE AT DARTMOUTH



Criterion 33

CME Program Leadership Engagement in CPD



The CME Program Leadership Engages in Continuing Professional Development

- Encourages CME Program leadership to engage in its own internal CPD as a way to expand and improve the CME Program (like what we're doing now!)
- Critical to this criterion is going beyond routine staff continuing education
 - Includes the physician leadership such as course directors, the CME Committee or Advisory Board, collaborating partners, etc.
- Tracking CPD team learners and their results is important to demonstrate that every member of the program leadership engages in CPD that appropriate for their role every year



Evidence of Compliance for C33



- PowerPoint presentations used in CPD leadership briefings and trainings
- Needs assessments from CPD leadership members that serves to illuminate the issues of concern to them that then become training topics
- Feedback from leadership on what they learned through CPD for the leadership team



Interview with Steve Weinman



Contact Steve Weinman at
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STEVE WEINMAN, RN IS THE EXECUTIVE DIRECTOR OF THE INSTITUTE FOR MEDICAL AND NURSING EDUCATION (IMNE)



Criterion 34

Creativity and Innovation in CME



Creativity and Innovation in the Development and Delivery of CME

- This is a catch-all and open-ended criterion for the recognition of unusually creative aspects of a CME Program that have lead to and had an impact on the improvement in efficiency in health care or healthcare delivery
- Compliance with this criterion may be very subjective on the part of the ACCME
- This criterion will reward the crème de la crème of creativity and innovation and not routine CME



Evidence of Compliance for C34



- Currently, there is no objective criteria for compliance with C34
- This criterion is for the advanced CME provider that is designing CME systems and processes that make a significant contribution to healthcare quality and delivery beyond the norm



General Notes on Maintaining Document of Compliance with Advanced Criteria

- Remember that for Criteria 2-11, the new ACCME Abstract Documentation System will usually be the way that you are documenting evidence of compliance for each CME activity you plan and deliver.
- Importantly, you do not provide evidence of compliance with the new Criteria for Commendation in this activity-based Abstract.
- Criteria 23-37, like Criteria 16-22, are systems-based criteria. You will document compliance with these new criteria in your self-study report during reaccreditation by describing these practices in the chapter narrative AND by selecting and including attachments to the chapter that demonstrate performance-in-practice in several examples in which those new criteria can be demonstrated.





Be sure to download today's slides and handouts, by going to this link:
www.PassinAssociates.com/publications/new-accme-criteria