



DOCUMENTATION REVIEW FORM

Surveyor's Initials: _____

Survey Date:	Provider Name:		
Activity Title:			
Activity Date:	Activity Type:	Sponsorship:	Commercial Support?

Y = Yes, the evidence shows that the provider's practice **meets the requirement.**
N = No, the evidence shows that the provider's practice **does not meet the requirement.** (Provide comment)
NA = Not Applicable to this activity or provider. (Provide comment)

EDUCATIONAL PLANNING					
Area	For <u>THIS ACTIVITY</u> the documentation shows that:	Y	N	NA	Comments:
C2	The provider incorporated the needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.				
C3	The learning objectives were written in behaviorally oriented language.				
C3	If a Regularly Scheduled Series, these objectives were written as global objectives.				
C3	The learner was informed of the objectives before participating in the activity.				
C3	The activity was designed to change COMPETENCE.				
C3	The activity was designed to change PERFORMANCE.				
C3	The activity was designed to change PATIENT OUTCOMES.				
C4	The activity content matched the learners' current or potential scope of professional activities.				
C5	The format of the activity was appropriate for the setting, objectives and desired results of the activity?				
C6	The activity was developed in the context of desirable physician attributes e.g., IOM, ACGME, ABMS.				
C7 SCS 1	Documented sources (e.g., correspondence with speaker, committee minutes) show that the provider was in control of the content of the activity during the planning process.				
C7 SCS 1	All decisions (e.g., needs, objectives, content and evaluation) for the activity were made independent of a commercial interest.				
C7 SCS 2	A mechanism to <u>identify</u> conflicts of interest was used as applicable for all planners, presenters, reviewers, etc.				
C7 SCS 2	A mechanism to <u>resolve</u> conflicts of interest was used as applicable for all planners, presenters, reviewers, etc.				
C7 SCS 2	Individuals who refused to disclose their financial relationships were disqualified from being a planner, reviewer, presenter, etc.				
C7 SCS 6	There were relevant relationships to disclose to learners.				
C7 SCS 6	• IF <u>NO</u> : Disclosure was made that there were no relevant relationships for all planners, presenters, reviewers, etc.				
C7 SCS 6	• IF <u>YES</u> : Disclosure was made for all planners, presenters, reviewers, etc., that included their name, the commercial interest(s), and the nature of their relationship(s).				

Area	For <u>THIS ACTIVITY</u> the documentation shows that:	Y	N	NA	Comments:
C7 SCS 6	Disclosure was <u>written</u> .				
C7 SCS 6	Disclosure was <u>verbal</u> .				
C7 SCS 6	• For <u>verbal disclosure</u> , there was evidence in the file that the correct disclosure was made to the learners.				
C7 SCS 6	• For <u>verbal disclosure</u> , this attestation was signed and dated within one month of the activity.				
C7	There was commercial support for the activity.				
C7 SCS 6	• IF <u>YES</u> , there is documentation that shows all commercial support (including in-kind support) was disclosed to learners.				
C8 SCS 3	• IF <u>YES</u> , there is a written agreement present describing the terms, conditions and purposes of the commercial support.				
C8 SCS 3	• IF <u>YES</u> , the written agreement was signed appropriately and executed prior to the activity.				
C8 SCS 3	• IF <u>YES</u> , there is documentation detailing the receipt and expenditure of commercial support.				
C8 SCS 3	Honoraria were paid in compliance with the provider's policies and procedures.				
C8 SCS 3	Expenses were paid in compliance with the provider's policies and procedures.				
C9 SCS 4	There was a separation of promotion from education.				
C10 SCS 5	The activity promoted an improvement in health care and not the proprietary interests of a commercial interest.				
C11	The provider used an appropriate tool for evaluating a change in competence, performance or patient outcomes.				
Does the activity file reviewed support that:		Y	N	NA	If YES, please comment:
C16	The provider operates in a manner that integrates CME into the process for improving professional practice?				
C17	One or more non-education strategies were used to enhance change as an adjunct to the activity?				
C18	The provider identified factors outside their control that impact on patient outcomes?				
C19	The provider implemented strategies to remove, overcome or address barriers to physician change?				
C20	There was collaboration with other stakeholders in the planning or implementation of the activity?				
C21	The provider participates within an institutional or system framework for quality improvement?				
C22	The provider is positioned to influence the scope and content of activities/educational interventions?				
POLICIES		Y	N	NA	Comments:
ISMS E2.2a	Cultural issues were considered in the planning of this activity.				
ISMS	The correct ISMS logo and accreditation statement were used on all relevant announcements and activity materials?				
AMA	The correct <i>AMA PRA Category 1 Credit™</i> credit statements were used on all relevant announcements and activity materials?				

POLICIES		Y	N	NA	<i>If NO, please comment:</i>
ACCME/ISMS	INTERNET CME: The activity produced conforms to the ACCME/ISMS requirements for Internet CME. (Provide a detailed comment if “No” is checked.)				
ACCME/ISMS	ENDURING MATERIALS: The activity produced conforms to the ACCME/ISMS requirements for Enduring Materials. (Provide a detailed comment if “No” is checked.)				
ACCME/ISMS	JOURNAL CME: The activity produced conforms to the ACCME/ISMS requirements for Journal CME. (Provide a detailed comment if “No” is checked.)				
ACCME/ISMS	JOINT SPONSORSHIP: The activity is in compliance with all ISMS Joint Sponsorship requirements. (Provide a detailed comment if “No” is checked.)				

<p>If the materials you’ve reviewed for this activity raise any compliance concerns not already addressed above, please explain your concerns and supporting evidence. Please reference the related Criterion or the ISMS or AMA PRA policy at the start of your comment.</p> <p>You may also use this space to continue a comment started above.</p>	
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