



# ISMS ACCREDITATION APPLICATION

## (SELF-STUDY REPORT OUTLINE FOR ISMS REACCREDITATION)

### JANUARY 2022

In this form, you will provide the information requested in concise narrative explanations and statements, to verify that your CME program meets the ISMS's requirements. We encourage you to be succinct, answer the questions directly, and avoid extraneous information.

**ORGANIZATION:**

**DATE:**

**PRIMARY CME CONTACT:**

**NAME:**

**TITLE:**

**E-MAIL ADDRESS:**

**PHONE NUMBER:**

**CHIEF EXECUTIVE OFFICER:**

**NUMBER OF CME ACTIVITIES COMPLETED:**

**NUMBER OF INDIVIDUALS WHO COMPLETED CME ACTIVITIES:**

**PHYSICIAN LEARNERS**

**OTHER LEARNERS**

**WHICH OF THE FOLLOWING MOST ACCURATELY DESCRIBES YOUR ORGANIZATION:**

Hospital/health care system       Medical Education Company       Health or liability insurance company

Physician membership organization       Managed Care Company       Government or military organization

Other (Describe):

Please indicate the size of your CME Program Based on the Number of CME Activities That Your CME Program has offered in the Current Accreditation Term:

S (small) <39; M (medium) 40-100; L (large) 101-250; XL (extra large) >250       (      )

**Do you have additional facilities that you conduct CME activities? Yes  No**

**If yes, please list each one below:**

## SECTION A: PROLOGUE

### CME PROGRAM HISTORY

Question 1: Provide a brief history of your continuing medical education program.

Enter Response Here

### ORGANIZATION CHART

Question 2: Submit an organizational chart that shows the leadership and structure of your CME program.

## SECTION B: CME MISSION AND PROGRAM IMPROVEMENT

### MISSION (Formerly Criterion 1)

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.

Question 3: Enter the expected results component of your CME mission statement. The expected results must be articulated in terms of competence, performance, or patient outcomes.

Enter Response Here

### PROGRAM ANALYSIS (Formerly 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.

Question 4: 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.

Enter Response Here

### PROGRAM IMPROVEMENTS (Formerly 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.

Question 5: 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.

Enter Response Here

## SECTION C: EDUCATIONAL PLANNING AND EVALUATION

### EDUCATIONAL NEEDS (Formerly 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.

Question 6: Describe how your organization identifies the professional practice gaps of your learners and the educational needs that underlie the practice gaps.

Enter Response Here

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### DESIGNED TO CHANGE (Formerly Criterion 3)

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

Question 7: Describe how your organization designs activities to change the competence, performance, or patient outcomes of your learners.

Enter Response Here

### APPROPRIATE FORMATS (Formerly Criterion 5)

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

Question 8: Describe how your organization chooses educational formats that are appropriate for the setting, objectives, and desired results of your activities.

Enter Response Here

## COMPETENCIES (Formerly Criterion 6)

The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).

Question 9: Describe how your activities/educational interventions are developed in the context of desirable physician attributes.

Enter Response Here

## ANALYZES CHANGE (Formerly 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.

Question 10: Describe the methods you use to obtain data on change in learners' competence, performance or patient outcomes and your conclusions as to whether or not you were able to change learner competence, performance or patient outcomes across your overall program of accredited activities.

Enter Response Here

## **SECTION D: STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION**

### **STANDARD 1: ENSURE CONTENT IS VALID (Formerly CME Clinical Content Validation Policies and Criterion 10 SCS 5.2)**

Question 11: Describe how you ensure that the content of CE activities and your accredited CE program meet all four elements of Standard 1.

Enter Response Here

### **STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION (Formerly Criterion 7 (SCS 1) and Criterion 10 (SCS 5.1))**

Question 12: Describe how you ensure that the content of accredited activities and your accredited CME program meet expectations of elements 1 AND 2 of Standard 2.

Enter Response Here

Question 13: Do you share the names or contact information of learners with any ineligible company or its agents? Yes  No  Select One

If yes, provide the language and mechanism(s) you use to obtain the explicit consent of individual learners.

Enter Response Here

### **STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (Formerly Criterion 7 (SCS 1, 2 & 6))**

Question 14: Describe how you collect information from all planners, faculty, and others in control of educational content about all their relevant financial relationships with ineligible companies.

Enter Response Here

Question 15: Describe how you collect information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies for activities that will be available to learners or implemented beginning January 1, 2022.

Enter Response Here

Question 16: Submit a single example of each of the form(s) or mechanism(s) that you use or will use to collect this information to meet the expectations of Standard 3.1 as of no later than January 1, 2022. Ensure that this/these mechanism(s) include:

- a. the complete definition of an ineligible company
- b. the individual completing the form/mechanism is instructed to include ALL financial relationships with ineligible companies for the prior 24 months.

Question 17: Does your organization use employees or owners of ineligible companies in its accredited activities? Yes  No  Select One

If yes, describe how you meet the expectations of Standard 3.2 (a-c).

Enter Response Here

Question 18: Describe the process you use to determine which financial relationships are relevant to the educational content.

Enter Response Here

Question 19: Describe the methods/steps you use to mitigate all relevant financial relationships appropriate to the role(s) of individuals in control of content. Note that the methods/steps used for planners are likely different than those used for faculty.

Enter Response Here

Question 20: Describe the ways in which you inform learners of the presence or absence of relevant financial relationships of all individuals in control of content.

Enter Response Here

Question 21: Describe what you will do after January 1, 2022 to ensure that learners are informed that all relevant financial relationships have been mitigated.

Enter Response Here

#### **STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY (Formerly Criterion 8 (SCS 3))**

Question 22: Does your organization accept commercial support? Yes  No  Select One

If yes, describe how your organization meets the expectations of all four elements of Standard 4.

Enter Response Here

#### **STANDARD 5: MANAGE ANCILLARY ACTIVITIES OFFERED IN CONJUNCTION WITH ACCREDITED CONTINUING EDUCATION (Formerly Criterion 9 (SCS 4))**

Question 23: Does your organization offer ancillary activities, including advertising, sales, exhibits, or promotion for ineligible companies and/or nonaccredited education in conjunction with your accredited CE activities? Yes  No  Select One

If yes, describe how your organization meets the expectations of all three elements of Standard 5.

Enter Response Here

## SECTION E: ACCREDITATION STATEMENT

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

Question 24: Describe how you ensure that your CME activities and your program of continuing medical education meet the requirements of the Accreditation Statement Policy.

Enter Response Here

## SECTION F: CME ACTIVITY AND ATTENDANCE RECORDS RETENTION

An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The ACCME does not require sign-in sheets.

Question 25: Describe the mechanism your organization uses to record and verify physician participation for six years from the date of your accredited activities.

Enter Response Here

Question 26: Submit an example of the information or report(s) your mechanism can produce for an individual participant.

Question 27: Describe how your organization ensures that activity files/records of CME activity planning and presentation are retained during the current accreditation term or for the last twelve months, whichever is longer.

Enter Response Here

## SECTION G: AMA CREDIT DESIGNATION STATEMENT

### DOCUMENTATION REQUIREMENTS FOR *AMA PRA CATEGORY 1 CREDIT™*

The ACCME collects additional evidence for the American Medical Association (AMA) from the sample of your activities selected for performance-in-practice review to demonstrate how well and how consistently your organization is meeting some of the *AMA PRA Category 1 Credit™* requirements. As a service to both the provider and the credit system, the ACCME collects this evidence and transmits it for the AMA's review and follow-up with providers.

This information will not be considered as part of your ACCME accreditation decision and will not elicit feedback from the ACCME.

Question 28: Submit the evidence as a single PDF file named ISMS Provider ID #\_AMA. In the PDF file, create a bookmark for each activity selected for review, using this format to name each bookmark: [Brief Activity Title] YYYYMMDD.]



## SECTION H: ACCREDITATION WITH COMMENDATION

### MENU OF NEW CRITERIA FOR COMMENDATION (Select eight criteria)

If your organization chooses to submit for Accreditation with Commendation, you must demonstrate compliance with any **seven criteria from any category—plus one criterion from the Achieves Outcomes category**—for a total of eight criteria.

**IMPORTANT:** A provider will not be considered for commendation if descriptions/evidence are presented for fewer than eight criteria and/or if descriptions/evidence are not presented for at least one criterion from the Achieves Outcomes category. Descriptions/evidence will not be considered for more than eight criteria.

Question 29: Is your organization submitting for Accreditation with Commendation? Yes  No  Select One

If no, do not enter evidence for commendation criteria.

### COMMENDATION PROGRAM SIZE

Question 30: If yes, select the size of your CME Program for your current accreditation term. The size of a CME program is determined by a provider's total number of activities for the current accreditation term based on the best available information at the point of submission, therefore our organization is:

- Small (1-39 activities)
- Medium (40-100 activities)
- Large (101-250 activities)
- Extra Large (>250 activities)

Select One

Question 31: List the eight criteria (including one from the Achieves Outcomes category) you are submitting for in this field.

Enter Response Here

### ENGAGES TEAMS (Formerly Criterion 23)

Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

Question 32: We attest that our organization has met the Critical Elements for ENGAGES TEAMS in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check box to attest.

Submit evidence for the required number of examples based on the size of your program. For each example activity, please complete the table below.

Activity Title	Activity Date	Activity Type	List the professions of the planners.	List the professions of faculty.	Describe how the activity was designed to create an interprofessional learning experience to support a change in the competence or performance of the healthcare team.
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## ENGAGES PATIENTS/PUBLIC (Formerly Criterion 24)

Patient/public representatives are engaged in the planning and delivery of CME.

Question 33: We attest that our organization has met the Critical Elements for ENGAGES PATIENTS/PUBLIC in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check box to attest.

Submit evidence for the required number of examples based on the size of your program. For each example activity, please complete the table below.

Activity title	Activity Date	Activity Type	List the patients and/or public representatives who were planners.	List the patients and/or public representatives who were faculty.	Describe how each individual qualifies as a patient or public representative.
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## ENGAGES STUDENTS (Formerly Criterion 25)

Students of the health professions are engaged in the planning and delivery of CME.

Question 34: We attest that our organization has met the Critical Elements for ENGAGES STUDENTS in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check box to attest.

Submit evidence for the required number of examples based on the size of your program. For each example activity, please complete the table below.

Activity Title	Activity Date	Activity Type	Describe the health professions' students involved in the activity, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and how the students participated as PLANNERS of the activity.	Describe the health professions' students involved in the activity, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and how the students participated as FACULTY of the activity.
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## ADVANCES DATA USE (Formerly Criterion 26)

The provider advances the use of health and practice data for healthcare improvement.

Question 35: Submit evidence for the required number of examples based on the size of your program. For each example activity, please complete the table below.

Activity Title	Activity Date	Activity Type	Describe how the activity taught learners about collection, analysis, or synthesis of health/practice data.	Describe how the activity used health/practice data to teach about healthcare improvement.
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## ADDRESSES POPULATION HEALTH (Formerly Criterion 27)

The provider addresses factors beyond clinical care that affect the health of populations.

Question 36: We attest that our organization has met the Critical Elements for ADDRESSES POPULATION HEALTH in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check box to attest.

Submit evidence for the required number of examples based on the size of your program. For each example activity, please complete the table below.

Activity Title	Activity Date	Activity Type	Describe the strategies used to achieve improvements in population health.
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## COLLABORATES EFFECTIVELY (Formerly Criterion 28)

The provider collaborates with other organizations to more effectively address population health issues.

Question 37: If your organization collaborates with other organizations to more effectively address population health issues, please describe **four collaborations** with other organizations during the current term of accreditation and show how these collaborations augmented your organization's ability to address population health issues.

Example 1	Enter Response Here
Example 2	Enter Response Here
Example 3	Enter Response Here
Example 4	Enter Response Here

## OPTIMIZES COMMUNICATION SKILLS (Formerly Criterion 29)

The provider designs CME to optimize communication skills of learners.

Question 38: Submit evidence for the required number of examples based on the size of your program. For each example activity, please complete the table below.

Activity Title	Activity Date	Activity Type	Describe the elements of the activity that addressed communication skills and how you evaluated the observed communication skills of the learners.	Submit an example of the formative feedback provided to a learner about communication skills.
Enter Response Here	Enter Response Here	Enter Response Here	Enter Response Here	Enter Response Here
Enter Response Here	Enter Response Here	Enter Response Here	Enter Response Here	Enter Response Here



## OPTIMIZES TECHNICAL/PROCEDURAL SKILLS (Formerly Criterion 30)

The provider designs CME to optimize technical and procedural skills of learners.

Question 39: Submit evidence for the required number of examples based on the size of your program. For each example activity, please complete the table below.

Activity Name	Activity Date	Activity Type	Describe the elements of the activity that addressed technical or procedural skills and how you evaluated the observed psychomotor technical/procedural skills of the learners.	Submit an example of the formative feedback provided to a learner about the psychomotor technical or procedural skills.
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## CREATES INDIVIDUALIZED LEARNING PLANS (Formerly Criterion 31)

The provider creates individualized learning plans for learners.

Question 40: We attest that our organization has engaged the number of learners that matches the size of our CME program, as described in the examples provided in the table below.

Check box to attest.

If your organization creates individualized learning plans for learners, please complete the table below describing the learning plan(s) and the number of learners for the size of your CME program (S:25; M:75; L:125; XL:200) and submit an example of the individualized feedback to the learner to close practice gaps.

Describe the individualized learning plan and explain how the plan requires repeated engagement and provides feedback to the learner.	How many learners participated in the individualized learning plan with repeated engagement and feedback?	Submit an example of individualized feedback to the learner to close practice gaps.
Enter Response Here	Enter Response Here	ATTACH FILE

## UTILIZES SUPPORT STRATEGIES (Formerly Criterion 32)

The provider utilizes support strategies to enhance change as an adjunct to its CME.

Question 41: We attest that our organization has met the Critical Elements for UTILIZES SUPPORT STRATEGIES in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check box to attest.

Submit evidence for the required number of examples based on the size of your program. For each example activity, please complete the table below.

Activity Title	Activity Date	Activity Type	Describe the support strategies that were adjunctive to the activity. Provide your analysis of the effectiveness of the strategies and describe planned or implemented improvements.
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## ENGAGES IN RESEARCH/SCHOLARSHIP (Formerly Criterion 33)

The provider engages in CME research and scholarship.

Question 42: Provide examples of two scholarly projects.

	Describe a scholarly project your organization completed during the accreditation term relevant to CME and the dissemination method used for each one (e.g., poster, abstract, manuscript).	For each project, submit a copy of the project itself (e.g., poster, abstract, presentation, manuscript).
Project 1	Enter Response Here	ATTACH FILE
Project 2	Enter Response Here	ATTACH FILE

## SUPPORTS CPD FOR CME TEAM (Formerly Criterion 34)

The provider supports the continuous professional development of its CME team.

Question 43: If your organization supports the continuous professional development of its CME team,

1. Describe your organization's CME team.

Enter Response Here

2. Describe the CPD needs that you identified for the team during the term of accreditation.

Enter Response Here

3. Describe the learning plan implemented based on the needs identified, including the activities external to your organization in which the CME team participated.

Enter Response Here

## DEMONSTRATES CREATIVITY/INNOVATION (Formerly Criterion 35)

The provider demonstrates creativity and innovation in the evolution of its CME program.

Question 44: If your organization demonstrates creativity and innovation in the evolution of its CME program, identify **four examples** of innovations implemented. Describe each innovation and how it contributed to your organization's ability to meet your mission.

Example 1	Enter Response Here
Example 2	Enter Response Here
Example 3	Enter Response Here
Example 4	Enter Response Here

## IMPROVES PERFORMANCE (Formerly Criterion 36)

The provider demonstrates improvement in the performance of learners.

Question 45: We attest that our organization has met the Critical Elements for IMPROVES PERFORMANCE in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

Check box to attest.

Describe the method(s) used to measure performance changes of learners.

Enter Response Here

Submit evidence for the required number of examples based on the size of your program. For each example activity, please complete the table below.

Activity Title	Activity Date	Activity Type	# of learners that participated in the activity	# of learners whose performance was measured	# of learners that improved performance	Itemize the method(s) used to measure change in performance of learners.	Data/information demonstrating improvements in performance of learners.
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## IMPROVES HEALTHCARE QUALITY (Formerly Criterion 37)

The provider demonstrates healthcare quality improvement.

Question 46: Describe **two examples** in which your organization collaborated in the process of healthcare quality improvement, along with the improvements that resulted. Include data (qualitative or quantitative) that demonstrates those improvements. Use one row of the table below for each collaboration description.

Example 1	Enter Response Here
Example 2	Enter Response Here



## IMPROVES PATIENT/COMMUNITY HEALTH (Formerly Criterion 38)

The provider demonstrates the impact of the CME program on patients or their communities.

Question 47: Describe **two examples** of your organization's collaboration in the process of improving patient or community health that includes CME, along with the improvements that resulted. Include data (qualitative or quantitative) that demonstrates those improvements.

Example 1	Enter Response Here
Example 2	Enter Response Here

# ISMS Policies

## ISMS Cultural Competency Policy

Describe how your organization considered learners' cultural competence needs while planning and conducting its CME activities. Enter Response Here

## ISMS Logo

Attach a publicity piece from one of your CME activities that shows the ISMS Logo in usage.

# OPTIONAL SECTION

## **THE INFORMATION SUBMITTED FOR THIS SECTION WILL NOT BE USED IN THE ACCREDITATION PROCESS**

**Best Practices?** Share your successes! We are sharing examples of real-world exemplary practices to help build a community of practice that enables CME providers to learn from each other, continually improve their education, and demonstrate how accredited CME measurably improves healthcare.