



# **Self Study for CME Accreditation**

## **Demonstrating the Implementation of the ACCME/KMS Updated Accreditation Criteria**

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# TABLE OF CONTENTS

Area	page
<b>1</b> Overview & Background Information.....	3
Conducting your self study .....	3
Resources to support the KMS's accreditation process.....	3
<b>2</b> Data Sources Used in the Accreditation Process.....	4-6
Self study report .....	4
Performance-in-practice review .....	4
Accreditation interview .....	4
Expectations for RSS monitoring and reporting .....	5-6
<b>3</b> Self Study Report for KMS Accreditation: Contents, Structure and Format.....	7-16
Contents .....	7-13
Structure requirements.....	14-15
Format requirements .....	15-16
<b>4</b> Review of Performance-in-Practice .....	17-20
Stage 1: Submitting your CME activity list .....	17-18
Stage 2: KMS's selection of activities for review .....	19
Stage 3: Submitting evidence of performance-in-practice (Including information on submitting RSS evidence) .....	19-20
<b>5</b> Accreditation Interview.....	21
<b>6</b> KMS's Decision Making Process .....	21

## Overview and Background Information

### Conducting Your Self Study

The self study process provides an opportunity for the accredited provider to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

An outline of the content of the *self study report* is specified by the Kansas Medical Society, but the process of conducting a *self study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process. Regardless of the size or nature of your program, the self study is intended to address:

- The extent to which your organization has met its CME Mission (C1, C12).
- An analysis of factors that supported or detracted from the CME mission being met (C11, C12).
- The extent to which, in the context of meeting your CME mission, your organization produces CME that:
  - Incorporates the educational needs that underlie the professional practice gaps of your own learners (C2),
  - Is designed to change competence, performance, or patient outcomes (C3),
  - Includes content matched to your learners' current or potential scopes of practice (C4),
  - Includes formats appropriate for the setting, objectives, and desired results (C5),
  - Is in the context of desirable physician attributes (C6),
  - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the proprietary interests of a commercial interest (C7-C10).
- How implemented improvements helped your organization better meet its mission (C13-C15).
- The extent to which your organization is engaged with its environment (C16-C22).

### Resources to Support the KMS's Accreditation Process

The KMS's accreditation process is facilitated by your use of documents and completion of forms:

1. KMS Guide to the Accreditation Process
2. Demographic Information Form
3. Summary of CME Activities
4. KMS Self Study Report Tabs Template
5. CME Activity List
6. Performance in Practice Instructions
7. Performance-in-Practice Review Labels

## Data Sources Used in the Accreditation Process

2

The KMS's accreditation process is **an opportunity** for each provider to demonstrate its practice of CME is in compliance with the accreditation requirements. In the KMS's accreditation process, these opportunities are in the following forms:

1. **Self Study Report:** Providers are expected to *describe* and provide *examples* of their CME practices. **When describing a practice**, you are offering a narrative to give the reader an understanding of the CME practice(s) related to a Criterion or Policy. **When asked for an example** of a CME practice, the *KMS* expects to see documentation/documents/materials that demonstrate the *implementation* of the practice that was described. This means using documentation/documents/materials from activities that have been planned and/or implemented. **Unless otherwise noted, the KMS expects to see actual materials or completed (not blank) forms.**
2. **Performance-in-Practice Review:** Providers are expected to verify that their CME activities meet the KMS's Updated Accreditation Criteria through the documentation review process. This review is based on the KMS's Updated Accreditation Criteria and is facilitated by the provider's application of labels, the template for which is provided by the KMS, on activity materials. Information on this process is provided in this *Guide*.

For **initial accreditation**, the organization will identify at least two completed CME activities that have been planned, implemented, and evaluated within the 24-month period prior to the initial accreditation interview.

The KMS *verifies* that a provider meets the KMS's accreditation expectations *in practice* through a review of materials used in the planning and implementation of individual CME activities or groups of activities and materials used in the administration of a CME program.<sup>1</sup>

3. **Accreditation Interview:** The interview presents an opportunity to describe and provide clarification, as needed, on aspects of practice described and verified in the self study report or activity files. Through dialogue with the KMS survey team, an organization may explain its practices in a more explicit manner. The survey team may request additional materials from the provider based on the surveyors' reports following the interview.

The self study report, performance in practice review, and interview comprise the three sources of data used to make decisions in the accreditation process regarding the extent to which providers meet Criteria 1-15. In addition, KMS encourages providers to take advantage of the opportunities in these data sources to verify how the organization meets Criteria 16-22. This information will help KMS evaluate if your organization should receive Accreditation with Commendation (Level 3).

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<sup>1</sup> The administration of a CME program may create evidence that is applicable to some or all CME activities. For example, a provider may have a strategic planning retreat and determine one or more professional practice gaps which ALL of its CME activities should be designed to fill.

## Expectations for Regularly Scheduled Series (RSS)

A provider that produces Regularly Scheduled Series (RSS) must ensure that its program of RSSs contributes to fulfilling the provider's mission, fulfills the KMS requirements, and potentially demonstrates the provider's engagement with the system in which it operates – just like any other activity type.

The KMS defines RSS as an educational activity that is presented as a **SERIES** of meetings which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned by and presented to the accredited organization's own professional staff. Examples of RSS are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.

If sessions are planned, executed, and evaluated individually, then they do NOT fit the KMS definition of RSS, and they should not be addressed within the context of KMS's expectations for RSS. Individually planned sessions must be reported to the KMS and addressed in the review of a CME program as individual activities.

The KMS has aligned its expectations about RSSs with the 2006 Updated Accreditation Criteria. A provider's monitoring system will produce information about compliance with C2-C10. This information will be integrated into the provider's self-assessment (C11 and C12.) As with any activity type, the provider must have information on the compliance of its program of RSSs with Criteria 2 through 10 in order to draw conclusions in C11 and C12. The provider's conclusions about its compliance, and its improvement plans, will be reported as part of Criteria 13, 14 and 15.

The KMS expects that:

1. All series, and all sessions within a series, will meet the KMS's 2006 Updated Accreditation Criteria and be in compliance with KMS Policies.
2. At the series level, a provider will monitor successes at meeting Criteria 2 through Criteria 10 through self-assessment procedures that fulfill the requirements of Criteria 11 and 12.
3. Some information from all series will contribute to the provider's analysis (C11 and C12) and any subsequent improvements (C13- C15).
4. As with all activity types, a provider will analyze data and information (C11-C12) about RSSs and determine if this activity type has met the Updated Accreditation Criteria (C2-C10 and C16-C22) and the KMS Policies.
  - A provider can determine if the series has met a criterion or is in compliance with a KMS Policy if the provider's analysis indicates compliance.
  - If monitoring data indicate that performance in a series did not meet a criterion or policy, then the provider should identify the problem (C13), implement improvements (C14), and measure the impact of the implemented improvements (C15).

In addition, RSS will be included as part of the performance-in-practice review process. To demonstrate compliance with RSS selected for performance-in-practice review, providers must present:

- 1) A description of the monitoring system applied to collect and analyze data regarding the compliance of the selected RSS and a summary of the RSS monitoring data collected, along with your analysis and compliance conclusions and any needed improvements identified and implemented;

**OR**

- 2) Documentation from the planning, implementation, and evaluation of the selected series, in the form of labeled evidence, affixing labels to documentation for each RSS selected, just as you would for any other activity in the performance-in-practice review sample.

# Self Study Report for KMS Accreditation: Contents, Structure and Format

3

## Contents of the Self Study Report for KMS Accreditation

### I. Introduction

- A. Demographic Information Form
- B. Summary of CME Activities
- C. CME Activity List (a list of your CME activities for the current term of accreditation).
- D. Self Study Report Prologue
  - 1. **Describe** a brief history of your CME Program.
  - 2. **Describe** the leadership and structure of your CME Program.
    - i. **Attach** organizational chart for staff.
    - ii. **Attach** CME committee roster, including specialty or area represented.
- E. **Describe** your organization's change process for incorporating the KMS's 2006 Accreditation Criteria. Be explicit in identifying when you implemented the Updated Accreditation Criteria into your organization's CME activities.

### II. Essential Area 1: Purpose And Mission (Criterion 1)

- A. **Attach** your CME mission statement to verify it has all the required components. Identify and highlight each required component: (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program. **Include** evidence showing your governing body's most recent review and approval of the CME Mission.

Note: It is important that the KMS can identify in the expected results section of your mission statement the changes that are the expected results of your CME program (i.e., changes in competence, or performance, *or* patient outcomes). (C1)

### III. Essential Area 2: Educational Planning (Criteria 2-3)

- A. **Describe** how you incorporate into your CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of your own learners. Use the following as an outline of your descriptions:
  - 1. *how you identify the professional practice gaps* (for professional practice gaps that are identified in methods other than direct measurement of your own learners -- e.g. national trend data, state level data-- explain how you connect these gaps to your own learners);
  - 2. *how the need(s) that you identify are based on those gaps*;
  - 3. *how the need(s) are articulated in terms of knowledge, competence, or performance*;
  - 4. *how you communicated identified needs and activity objectives to the faculty*;
  - 5. *how you incorporate these needs into activities or a set of activities.* (C2)

- B. Include two examples** that demonstrate your practice(s), as described in A above. In your examples, **make the professional practice gaps explicit** and the educational needs that you identified for the activities. (C2)
- C. Describe** your process of designing activities to change competence, performance, or patient outcomes, as described in your CME mission statement. (C3)
- D. Include two examples** that demonstrate your practice(s), as described above, of designing activities to change competence, performance, or patient outcomes. (C3)

#### **IV. Essential Area 2: Educational Planning (Criteria 4-6) and KMS Policies**

- A. Describe** how your organization, at the CME program or activity planning level, matches the content of your activities to your learners' current or potential scope of practice. (C4)
- B. Include two examples** that demonstrate your practice, as described above, of matching content of your activities to your learners' current or potential scope of practice. (C4)
- C. Describe** the different educational formats (i.e., activity type and methodology) you have utilized for your activities. Explain the rationale or criteria you used in the selection of formats to ensure a format is appropriate for the setting, objectives, and desired results of an activity.
- D. Include two examples** that demonstrate your practice, as described in C above. (C5)
- E. Describe** that you have developed CME activities in the context of desirable physician attributes (e.g., IOM competencies, ABMS competencies, specialty specific competencies).
- F. Include two examples** that demonstrate your practice, as described in E above. (C6)
- G. Describe** the mechanism your organization uses to **verify physician participation** for six years from the date of your CME activities.
- H. Include two examples** that demonstrate your practice, as described in G above.

#### **V. Essential Area 2: Educational Planning (Criterion 7: KMS's Standards for Commercial Support - Independence)**

- A. Describe** how your organization makes the following decisions free of the control of a commercial interest: (a) identification of needs; (b) the determination of educational objectives; (c) the selection and presentation of content; (d) the selection of all persons and organizations in a position to control the content; (e) the selection of educational methods, and (f) the evaluation of the activity. (SCS 1.1)

- B. If your organization enters into joint sponsorship relationships with non-accredited providers, **describe** the process you use to ensure that these organizations are not commercial interests. (SCS 1.2)
- C. Provide a **list** of joint sponsors and a brief description of each joint sponsor's purpose, function or mission. (SCS 1.2)
- D. **Describe** the mechanism(s) your organization uses to ensure that everyone in a position to control educational content has disclosed to your organization relevant financial relationships with commercial interests. Include in your description your organization's mechanism(s) for disqualifying individuals who refuse to disclose. (SCS 2.1, 2.2)
- E. **Describe** the mechanism(s) your organization uses to identify conflicts of interest prior to an activity. (SCS 2.3)
- F. **Describe** the mechanism(s) your organization uses to resolve conflicts of interest prior to an activity. (SCS 2.3)
- G. **Describe** your organization's process(es) and mechanism(s) for disclosure to the learners prior to the activity of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, if applicable. (SCS 6.1-6.5)
- H. Include **two examples** to demonstrate that:
  - (1) Your organization makes decisions free of the control of a commercial interest; (SCS 1.1)
  - (2) Everyone in a position to control educational content has disclosed to your organization relevant financial relationships with commercial interests, including verification that individuals who refuse to disclose are disqualified; (SCS 2.1, 2.2)
  - (3) Your organization identifies and resolves conflicts of interests prior to an activity; (SCS 2.3) and,
  - (4) Your organization discloses relevant financial relationships and the source(s) of support from commercial interests to learners prior to the activity. (SCS 6.1-6.5)

**VI. Essential Area 2: Educational Planning (Criterion 8: ACCME's Standards for Commercial Support – Management of Funds)**

***NOTE: ALL ORGANIZATIONS must respond to items A - C, regardless whether or not your organization accepts commercial support.***

- A. **Attach** your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. (SCS 3.7-3.8)
- B. **Describe** how you ensure that social events do not compete with or take precedence over educational activities. (SCS 3.11)
- C. Include **two examples** of income and expense statements from CME activities that itemize the receipt of all sources of income and expenses related to the activity. If your organization accepts commercial support, your two examples should be from activities with commercial support and the income statement should itemize the commercial support received. (SCS 3.1, 3.3, 3.12)

**NOTE: If your organization accepts commercial support, respond to D - F; if not, go to Section VII.**

- D. **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (SCS 3.1)
- E. **Describe** how you ensure that all commercial support is given with your organization's full knowledge and approval. Include in your response your policies and processes to ensure that no other payment is given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved in the activity. (SCS 3.3; 3.9)
- F. Attach an **example** of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of the SCS. (SCS 3.4-3.6)

**VII. Essential Area 2: Educational Planning (Criteria 9-10: ACCME's Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare)**

**NOTE: ALL ORGANIZATIONS must respond to this section.**

- A. Do you organize **commercial exhibits** in association with any of your CME activities? If yes, **describe** how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. (SCS 4.1)
- B. Do you arrange for **advertisements** in association with any of your CME activities? If yes, **describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (SCS 4.2, 4.4)
- C. **Describe** the process or procedure your organization uses to ensure that educational materials that are part of a CME activity, such as slides, abstracts and handouts, do not contain any advertising, trade names or product group messages. (SCS 4.3)
- D. Besides the provision of commercial support, **describe** what role commercial interests play in providing access to CME activities for your learners. (SCS 4.5)
- E. **Describe** the planning and monitoring your organization uses to ensure that:
  - 1. The content of CME activities does not promote the proprietary interests of any commercial interests. (SCS 5.1) (i.e., *there is not commercial bias*)
  - 2. CME activities give a balanced view of therapeutic options. (SCS 5.2)

3. The content of CME activities is in compliance with the KMS's content validity value statements<sup>2</sup>. (*Policy on Content Validation*)
- F. If your planning and monitoring process detected that an activity promoted the proprietary interests of a commercial interest, or did not give a balanced view of therapeutic options, or was not in compliance with the KMS's content validity value statements, provide a scenario of what occurred and how your organization responded.

### VIII. Essential Area 3: Evaluation and Improvement (Criteria 11-15)

- A. You are required to have data about the changes your activities have achieved (physicians' competence, or performance, or patient outcomes). Provide the KMS with a summary of those data. (C11)
- B. What were the conclusions you drew from your analysis of these data? (C11)

**NOTE:** The KMS expects each provider to conduct a program-based analysis on the degree to which its CME mission has been met. In Section II of this self study report, you attached your organization's CME mission statement. That mission statement is required to have five components (purpose, content areas, target audience, types of activities, and expected results). Your learner change data and the conclusions you reached about those data will help you determine the degree to which the expected results of your CME mission have been met. The following items are designed to elicit information on *what other information* you reviewed to help you determine if your CME mission was met and *your conclusions* regarding your success at meeting your mission.

- C. *In addition to learner change data*, **describe** and include **examples** of the other data and information you gathered as a part of your overall program evaluation.
- D. Based on your review of the data and information provided in the responses to questions A-C, describe your conclusions regarding **your organization's success at meeting its CME mission**, including the degree to which your organization has:
1. reached its target audience;
  2. provided CME on the content areas outlined in the mission;
  3. produced the types of activities stated in the mission;
  4. fulfilled its purpose; and,
  5. achieved its expected results (C12)
- E. If your organization offers RSS, describe your monitoring system and overall results in the context of meeting your organization's CME mission.

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<sup>2</sup> KMS's Policy on Content Validation: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for KMS accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

- F. Your organization may have implemented practices that demonstrate your fulfillment of Criteria 16-22. How have you evaluated the impact of these practices on your organization's ability to meet its mission? If so, **describe** how these initiatives helped your organization meet its CME mission by responding to items 1-7 below (C12)
1. Did the manner and degree to which your organization integrated CME into the process for improving professional practice (C16) help your organization meet its CME mission? If so, how?
  2. Did the manner and degree to which your organization utilized non-educational strategies to enhance change as an adjunct to your activities/educational interventions (e.g., reminders, patient feedback) (C17) help your organization meet its CME mission? If so, how?
  3. Did the manner and degree to which your organization identified factors outside of your control that impact on patient outcomes (C18) help your organization meet its CME mission? If so, how?
  4. Did the manner and degree to which your organization implemented educational strategies to remove, overcome, or address barriers to physician change (C19) help your organization meet its CME mission? If so, how?
  5. Did the manner and degree to which your organization built bridges with other stakeholders through collaboration and cooperation (C20) help your organization meet its CME mission? If so, how?
  6. Did the manner and degree to which your organization participated within an institution or system framework for quality improvement (C21) help your organization meet its CME mission? If so, how?
  7. Did the manner and degree to which your organization has been positioned to influence the scope and content of activities/educational interventions (C22) help your organization meet its CME mission? If so, how?
- G. As a result of your program-based analysis, what changes did you identify that could help you better meet your CME mission? In your response, **explain** how each change, if implemented, could impact a component of your CME mission (purpose, content areas, target audience, type of activities, or expected results). (C13)
- H. Based on the changes you identified that could be made, describe the changes to your program that you **implemented**. For any potential changes (as described in question G above) that you did not implement, please explain why they were not implemented and plans to address them in the future. (C14)
- I. **Describe** how your organization measured the impact of the improvements that you have described in H.
- J. **Include** information on whether or not the changes made to your program have fulfilled the intended purpose. **Include** evidence (e.g. data) to support those conclusions. (C15)
- K. If your organization offers RSS **include** identified, planned, and implemented changes to better meet KMS criteria in your program of RSS.

## IX. Essential Area 3: Engagement with the Environment (Criteria 16-22)

**NOTE: The information gathered through your organization's responses here will be used to determine eligibility for Accreditation with Commendation.**

- A. If your organization integrates CME into the process for improving professional practice, **describe** how this integration occurs. Include **examples** of explicit organizational practices that have been implemented. (C16)
- B. If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, **describe** the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include **examples** of non-education strategies that have been implemented. (C17)
- C. If your organization identifies factors outside of its control that will have an impact on patient outcomes, **describe** instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level. Include **examples** of identifying factors outside of your organization's control that will have an impact on patient outcomes. (C18)
- D. If your organization implements educational strategies to remove, overcome, or address barriers to physician change, **describe** instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level. Include **examples** of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19)
- E. If your organization is engaged in collaborative or cooperative relations with other stakeholders, **describe** instances of these practices. These instances might be specific to the planning of a CME activity or at the overall CME program level. In your description, indicate the *nature* (e.g., held meetings, planned activities, shared information) and *rationale* (e.g., to reach shared goals, to meet our missions, to reach larger physician audiences, to share resources) of the collaboration and cooperation. Include **examples** of collaboration and cooperation with other stakeholders. (C20)
- F. If your CME unit participates within an institutional or system framework for quality improvement, **describe** this framework. For example, your organization's framework may link the CME committee with a quality or performance improvement committee. Include **examples** of your CME unit participating within an institutional or system framework for quality improvement. (C21)
- G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, **describe** organizational procedures and practices that support this. Include **examples** of how your organization is positioned to influence the scope and content of activities/educational interventions. (C22)

# Structure Requirements for the Self Study Report

Providers must assemble and submit their self study reports in accordance with the following structure and format requirements.

## Structure Requirements

The self study report must be organized in the sections listed below:

- I. Introduction
- II. Essential Area 1: Purpose and Mission (Criteria 1)
- III. Essential Area 2: Educational Planning (Criteria 2-3)
- IV. Essential Area 2: Educational Planning (Criteria 4-6) and KMS Policies
- V. Essential Area 2: Educational Planning (Criteria 7: ACCME's Standards for Commercial Support - Independence)
- VI. Essential Area 2: Educational Planning (Criteria 8: ACCME's Standards for Commercial Support – Management of Funds)
- VII. Essential Area 2: Educational Planning (Criteria 9-10: ACCME's Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare)
- VIII. Essential Area 3: Evaluation and Improvement (Criteria 11-15)
- IX. Essential Area 3: Engagement with the Environment (Criteria 16-22: Level 3 / Accreditation with Commendation)

Each section must be included behind the corresponding tab labeled exactly as follows:

Introduction

Essential Area 1  
Purpose and Mission C1

Essential Area 2  
Educational Planning C2-3

Essential Area 3  
Educational Planning C4-6, Policies

Essential Area 2  
Educational Planning C7

Essential Area 2  
Educational Planning C8

Essential Area 2  
Educational Planning C9-10

Essential Area 3  
Evaluation & Improvement C11-15

Essential Area 3  
Engagement with Environment C16-22  
Accreditation with Commendation

Print four sets of the above tabs.

The outline below must be used as the basis for a required Table of Contents. Include on the Table of Contents the page numbers of the narrative and attachments for each section. An example is provided below.

#### EXAMPLE TABLE OF CONTENTS

	<u>PAGE</u>
<b>IV. Essential Area 2: Educational Planning (Criteria 4-6)</b>	
A. Description of how provider XYZ's program matches activity content with learners' scope of practice .....	30
B. Description of XYZ's educational formats and criteria for their selection .....	35
C. Description of desirable physician attributes addressed by provider XYZ's CME activities .....	40

### Format Requirements for the Self Study Report

1. **Provide required narrative and attachments** for each item indicated on the KMS outline.
2. **Put attachments at the end of the appropriate section of the report.** Do not put them all at the back of the entire report.
3. **Behind the "Introduction" tab,** include the following completed forms:
  - a) Demographic Information Form
  - b) Summary of CME Activities
  - c) CME Activity List
4. **Include a table of contents** listing the page numbers of each narrative and attachment of the self study report.
5. **Consecutively number each page** in the binder including the attachments. The name (or abbreviation) of your organization must appear with the **page number on each page.**
6. **Type with at least 1" margins** (top, bottom and sides), using **11 point type or larger.** Use **double-sided printing** when possible. The topics from the Outline should be in **bold,** clearly separated from the type style (font) of your answers.
7. **Do not use plastic sleeves** for single pages or multi-page documents (i.e. brochures, handouts, etc). Instead, copy pertinent excerpts to standard paper for inclusion in the binder.

8. **Use a three-ring binder no wider than two inches** to hold the self study report. The rings may not be more than two inches in diameter. The Materials may not be more than two inches in thickness. The rings must hold the materials securely.
9. **Submit three copies** of the self study report to the KMS. Keep a separate copy for your use during the interview.
10. **Return** the Application for Scheduling of Accreditation Survey **with** the accreditation application **fee** of \$2,850 for new programs, \$2,500 for re-accreditation programs in an envelope marked “**FEE**”. Checks should be made payable to the **Kansas Medical Society**.

***Materials not submitted according to required specifications will be returned at the organization's expense. This may result in a delay in the accreditation review process, additional fees, and may impact your organization's accreditation status. Particularly important format considerations are size and pagination.***

The self study materials must be shipped via a method that has a reliable electronic, web-enabled delivery tracking system to the following address:

***Nancy Sullivan  
Director of Professional Services  
Kansas Medical Society  
623 SW 10<sup>th</sup> Avenue  
Topeka, KS 66612***

# KMS'S Review of Performance-in-Practice Contents, Structure and Format

4

## Contents of Your Performance-in-Practice Review Materials

The KMS's performance-in-practice review allows providers to demonstrate compliance with the KMS's expectations and offers providers an opportunity to reflect on their CME practices. This reflective process can support a provider's practices to determine the extent to which it has met its mission, as required in Criterion 12. Providers should take advantage of their preparations for the KMS's performance-in-practice review to identify, plan, and potentially implement any needed changes to CME activities or the overall CME program. These changes can be tangible examples that a provider uses to demonstrate compliance with Criteria 13-15.

Materials that demonstrate compliance with the KMS's expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets the KMS's expectations with evidence not directly related to a specific CME activity. Providers must include such materials in labeled evidence to verify compliance.

Facilitation of the KMS's review of a provider's performance-in-practice in its activity files involves three stages:

- (1) The provider's submission of its CME activity list;
- (2) The KMS's selection of activities for performance-in-practice review; and,
- (3) The provider's submission of reports and evidence of performance-in-practice for the activities selected for review.

## Review of Performance-in-Practice

### STAGE 1: Submitting your CME Activity List

1. In your Self Study Report, you will submit a complete list of activities to the KMS that includes the following information:

- Activity title
- Date of activity
- Location
- Sponsorship (direct or joint)
- Type of activity (single, RSS, enduring and format, journal CME)
- Number of hours
- Number of MDs
- Number of non-MDs
- Amount of commercial support received
- Number of commercial supporters
- Designed to change competence?
- Competence measure?
- Designed to change performance?
- Performance measured?
- Designed to change patient outcomes?
- Changes in patient outcomes measured?

An excel spreadsheet is available to facilitate listing and tracking this required data. Providers should remember that:

- For **reaccreditation**, this list must include all activities that your organization has offered, or plans to offer, under the umbrella of your KMS accreditation statement during the current accreditation term. Your list of activities needs to be comprehensive and must include all activities **beginning with the month after your last accreditation decision and through the expiration of your current accreditation term**. For example, if you received a four-year Accreditation decision in November 2006, your list should include all accredited CME activities offered, or scheduled to be offered, from December 1, 2006 through November 30, 2010.
- For **initial accreditation**, this list should include data for at least two completed CME activities that have been planned, implemented, and evaluated within the 24-month period prior to the initial accreditation interview. This list should reflect only those activities that are being presented for review of performance-in-practice. It is the KMS's expectation that all of the activities listed have been planned and presented in compliance with the KMS Essential Areas, Elements, and Policies.
- **For activities that have not yet occurred**, please use best available information, year-to-date figures, or estimates to complete all required fields. You will have the opportunity to update this information for inclusion with the self study report.
- Activities offered on multiple dates at various locations to different audiences, even if they have the same title and content, **must be listed for each date and location at which they were offered**. Responses such as "multiple," "various," or "ongoing" are not acceptable for activity date or location.
- **For organizations that produce regularly scheduled series (RSS; also known as RSCs): List Regularly Scheduled Series (e.g., grand rounds, tumor boards) by year and series (e.g. department)**. Do not list each daily, weekly, or monthly session.
  - The KMS defines RSS as daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's own professional staff, and are offered under the umbrella of your KMS accreditation statement, as one activity. RSS are most commonly offered by hospitals and medical schools and typically include such activities as Grand Rounds, Noon Conferences, and Tumor Boards.
  - By contrast, annual meetings are scheduled regularly, on a yearly basis, but they do not fit the KMS definition of RSS. Similarly, conferences offering the same content at various times and locations may be scheduled on a regular basis, but they do not fit the KMS's definition of RSS. If you are not certain whether an activity is categorized as an RSS, please contact the KMS.
  - When counting RSS for the activity list, include each series as one activity. Use the date of the first session to fill in the date field. The total hours of instruction for the series is the sum of hours available through the activity during the year, and the total participants is the sum of the number of physicians/ non-physicians attending each individual session.
  - You should report your organization's RSS consistent with the way in which you plan and execute them. If you plan and execute a series on an annual basis, then you should report the series as one activity each year.

## **Review of Performance-in-Practice**

### **STAGE 2: KMS's Selection of Activities for Review**

Based on the completed CME Activity List you provide to the KMS, the KMS will select up to 15 files for review. The KMS will select a sample of your activities from this list from both 1) across the years of your accreditation term and 2) among the types of activities that are produced. If you produce enduring materials, journal CME, or internet CME activities, you are also expected to submit the CME product from the activities chosen for performance in practice review. These products will be reviewed for compliance with KMS policies specific to their activity type. To facilitate this process, please use labels, arrows, highlighting or other methods to make explicit where in the activity there is evidence of compliance with the respective policies of the activity type.

For initial accreditation, KMS will review, at a minimum, the required two activities completed within the 24 month period prior to the initial accreditation interview.

For reaccreditation, you will receive an e-mail from the KMS CME department approximately four weeks prior to your survey date that will include the list of selected files.

## **Review of Performance-in-Practice**

### **STAGE 3: Submitting Evidence of Performance-in-Practice for Review**

The KMS utilizes the review of a provider's performance-in-practice, as seen in materials from CME activities, to verify that the provider meets KMS's expectations. Each organization is expected to have available at the survey the labeled documentation.

The KMS expects that your organization has been transitioning to the 2006 Updated Accreditation Criteria as adopted by the KMS CME Committee in April 2007. The KMS's accreditation process is sensitive to this transition and will seek information regarding the status of your organization's implementation process.

Your organization may not have evidence to demonstrate that a Criterion was met in an activity because:

- (A) the date of the activity precedes your organization's implementation of the Criterion listed on the label; or
- (B) the Criterion is not applicable to the activity.

If you do not have evidence from an activity to demonstrate that the activity meets the Criterion, place a label for the Criterion on a sheet of paper which explains why there is no evidence. For example, "No evidence because the date of the activity preceded our organization's implementation of the Updated Criteria" or "No commercial support accepted for this activity."

*Please know that surveyors may discuss with you during your interview the implementation timeline your organization utilized to integrate the 2006 Accreditation Criteria into your activity planning processes by May 2008.*

## Instructions for Preparing Materials for KMS Review

### Assemble Activity Files

For each activity, clip all the labeled documentation together and place a cover sheet on it listing the name, date of the activity, and whether it is directly or jointly sponsored. Only one copy of documentation for each activity is needed.

### Tips for Labeling Evidence

- You should utilize materials developed for the activity to help your organization demonstrate compliance. A review of your organization's performance-in-practice is not intended to generate new or additional documentation. Provide only documentation that effectively demonstrates compliance.
- If multiple Criteria and/or Policies are addressed on one document (such as a course brochure or syllabus page), you may affix more than one label to the document.
- If you opt to include strings of e-mail communications or meeting minutes as evidence of your performance-in-practice, **highlight** the items relevant to the label(s).
- Use discretion in selecting evidence that relates specifically to compliance criteria. KMS does not need to see every sign-in sheet, every completed activity evaluation form in their entirety in order to verify compliance. However, all signed written agreements must accompany a list of commercial supporters, if commercial support was received. Also, evidence of disclosing to learners the presence or absence of relevant financial relationships for all persons in control of contact must be provided.
- Blank forms and checklists alone do not verify performance-in-practice.

### Internet, Journal-Based and/or Enduring Material CME Activities

Please submit the CME product in its entirety **in addition to** the labeled evidence for these activities. CME products are being requested to assess compliance with the KMS policy requirements relative to the activity type.

**Please make clear where the information supporting compliance with the policy requirements can be found by highlighting, flagging, noting, describing, or otherwise providing written directions to ensure that you are showing where in the product you are meeting the policy requirements.**

**For Internet activities provide a direct link to the online activities or the URL, and a username and password, when necessary.** If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM or provide access to the activity on an archived web site. If KMS surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs and passwords must be made available for the duration of your organization's current accreditation term, as online activities will be accessed at multiple levels of KMS review.

## Accreditation Interview

5

The KMS's accreditation interview offers opportunities to the provider and to the KMS. The accreditation interview offers the provider the opportunity to discuss its CME program, its overall CME program evaluation and improvement strategies, and the materials for self study review. The accreditation interview offers the KMS the opportunity to ensure that any questions regarding the provider's procedures or practices are answered and that complete information about the provider's organization is considered in subsequent levels of review.

The survey team will not provide feedback on your compliance and expected outcome of the accreditation process. Your organization's compliance, your findings, and the outcome of the accreditation process are determined by the KMS CME Committee upon receiving a recommendation from the survey team.

### Interview Format

The KMS interview is held on site at the provider's administrative office and involves a meeting between the representatives of the accredited provider and the KMS survey team. Following is a typical site survey agenda:

- Review of activity files – survey team only (1 hour)
- Meeting/interview with CME Committee chair, staff, and administrator(s) (1.5 hours)
  - a. overview of survey purpose and role of surveyors
  - b. discussion of demographic and program summary
  - c. discussion of self study report, KMS essential areas, element and policies
- Meeting with CME Committee (1 hour)
- Survey team meets along to complete recommendations (.5 hour)

## KMS's Decision Making Process

6

Data and information collected in the accreditation process is analyzed and presented to the KMS CME Committee for decision. The decision making process assesses providers' compliance with the accreditation requirements based on information collected during the accreditation process.

Accreditation decision letters will be sent to providers via mail following the KMS CME Committee decision.