**SELF-STUDY REPORT**

**ACCREDITATION WITH COMMENDATION**

**Instructions:** This form includes the menu of 16 criteria and instructions for submitting evidence to demonstrate compliance with the criteria for Accreditation with Commendation. To be eligible for Accreditation with Commendation (6-year term), CME providers need to demonstrate compliance with any seven criteria of their choice, from any category – plus one criterion from the Achieves Outcomes category – for a total of eight criteria. Only complete the sections of this form for the eight criteria selected.

**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.

**Submission of the Self-Study Report — Accreditation with Commendation:** Send the report in a Word document (not pdf) and its separated and labeled attachments with the completed **Self-Study Report — Reaccreditation and Initial Accreditation** in a single email to: casey.harrison@texmed.org.

**Please do not edit, delete, or modify content in this form.**

**Commendation Program Size:** When applying for Accreditation with Commendation, you determine the size of your CME program by calculating the number of activities during your current accreditation term, using the best information you have at the time of your application. These are the ranges: small program: 39 or fewer activities; medium: 40-100; large: 101-250; extra‐large: 250 or more activities.

When calculating your program size, take into consideration how you enter your activities in the Program and Activity Reporting System (PARS). For example:

1. Report and count each course as a separate activity, even if it is repeated at multiple sites or on multiple dates.
2. Report and count each regularly scheduled series (RSS) as a single activity each year it is offered.
3. Count an enduring material as one activity, even if it is offered for multiple years, as long as the content has been unchanged. Enduring materials can be entered in PARS for up to a 3-year period. If the enduring material is reviewed and renewed for an additional 3-year period, it would then be entered as a new activity and be counted as a separate activity. Note that due to the way enduring materials have historically been entered in PARS, you may see multiple versions of the same enduring materials. You can still count them as one activity for each 3-year period in which they were offered.
4. Report and count journal-based CME activities individually by journal, article, or by collections of articles.

**Important:** Some of the criteria standards require that providers attest to meeting the criterion in a number or percentage of their activities, depending on the program size. For these criteria, TMA expects providers to demonstrate the **frequency** of activities that have met the critical elements. For these criteria, if the same content is repeated for different audiences, at different times or places, those count as separate instances. This measure is used for the following criteria:

* Engages Teams
* Engages Patients/Public
* Engages Students
* Advances Data Use
* Addresses Population Health
* Optimizes Communication Skills
* Optimizes Technical/Procedural Skills
* Utilizes Support Strategies
* Improves Performance

(For the Creates Individualized Learning Plans Criterion, evidence is demonstrated through a number of learners based on program size.)

Other criteria standards require that providers demonstrate compliance through a specified number of examples of activities or initiatives. With these examples, we expect providers to demonstrate the **diversity and breadth** of approaches they used to meet the critical elements. For these criteria, providers need to submit examples that are completely different from each other. Different iterations of the same activity content repeated for different audiences at different times and places, would not count as separate examples. This measure is used for the following criteria:

* Collaborates Effectively
* Engages in Research/Scholarship
* Supports CPD for CME Team
* Demonstrates Creativity/Innovation
* Improves Healthcare Quality
* Improves Patient/Community Health
1. Name of organization: **Click here to enter text**
2. **Select** the size from the drop-down menu: **Click here, then click ⯆ to select the size.**
3. **Select** the criteria you have chosen to submit for review:

[ ]  Engages Teams

[ ]  Engages Patients/Public

[ ]  Engages Students

[ ]  Advances Data Use

[ ]  Collaborates Effectively

[ ]  Optimizes Communication Skills

[ ]  Optimizes Technical/Procedural Skills

[ ]  Creates Individualized Learning Plans

[ ]  Utilizes Support Strategies

[ ]  Engages in Research/Scholarship

[ ]  Supports CPD for CME Team

[ ]  Demonstrates Creativity and Innovation

[ ]  Addresses Population Health

You must select **at least one** criterion from the Achieves Outcomes category:

[ ]  Improves Performance

[ ]  Improves Healthcare Quality

[ ]  Improves Patient/Community Health

#  Promotes Team-Based Education

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

1. 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.

**Name and Title of Attestor:** Click here to enter text

1. Submit evidence for the required number of examples based on the size of your program (S:2; M:4; L:6; XL:8). For each example activity (#), **complete** a row of the table below.

| **#** | **Title/Date/Format** | **List the professions (not names) of planners and faculty in the respective row** | **Describe how the activity created an interprofessional learning experience to support a change in the competence or performance of the healthcare team** |
| --- | --- | --- | --- |
| **1** |  | **Planners:**  |  |  |
| **Faculty:** |  |
| **2** |  | **Planners:**  |  |  |
| **Faculty:** |  |
| **3** |  | **Planners:**  |  |  |
| **Faculty:** |  |
| **4** |  | **Planners:**  |  |  |
| **Faculty:** |  |
| **5** |  | **Planners:**  |  |  |
| **Faculty:** |  |
| **6** |  | **Planners:**  |  |  |
| **Faculty:** |  |
| **7** |  | **Planners:**  |  |  |
| **Faculty:** |  |
| **8** |  | **Planners:**  |  |  |
| **Faculty:** |  |

**▶ENGAGES PATIENTS/PUBLIC** Patient/public representatives are engaged in the planning and delivery of CME.

1. 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.

**Name and Title of Attestor:** Click here to enter text

1. Submit evidence for the required number of examples based on the size of your program (S:2; M:4; L:6; XL:8). For each example activity (#), **complete** a row of the table below.

| **#** | **Title/Date/Format** | **List the patients and/or public representatives who were planners and list the patients and/or public representatives who were faculty in the respective row. (E.g., John Smith – patient; Jane Jones – public rep)** | **For individuals listed as public representatives, describe how each individual qualifies as “public representative”. (E.g., Jane Jones - president of patient advocacy group related to activity content)** |
| --- | --- | --- | --- |
| **1** |  | **Planners:** |  | **Planners:** |  |
| **Faculty:** |  | **Faculty:** |  |
| **2** |  | **Planners:** |  | **Planners:** |  |
| **Faculty:** |  | **Faculty:** |  |
| **3** |  | **Planners:** |  | **Planners:** |  |
| **Faculty:** |  | **Faculty:** |  |
| **4** |  | **Planners:** |  | **Planners:** |  |
| **Faculty:** |  | **Faculty:** |  |
| **5** |  | **Planners:** |  | **Planners:** |  |
| **Faculty:** |  | **Faculty:** |  |
| **6** |  | **Planners:**  |  | **Planners:** |  |
| **Faculty:** |  | **Faculty:** |  |
| **7** |  | **Planners:** |  | **Planners:** |  |
| **Faculty:** |  | **Faculty:** |  |
| **8** |  | **Planners:** |  | **Planners:** |  |
| **Faculty:** |  | **Faculty:** |  |

**▶ENGAGES STUDENTS** Students of the health professions are engaged in the planning and delivery of CME.

1. Weattest 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.

**Name and Title of Attestor:** Click here to enter text

1. Submit evidence for the required number of examples based on the size of your program (S:2; M:4; L:6; XL:8). For each example activity (#), **complete** a row of the table below.

| **#** | **Title/Date/Format** | **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** |
| --- | --- | --- | --- |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |

**Addresses Public Health Priorities**

**▶ADVANCES DATA USE** The provider advances the use of health and practice data for healthcare improvement.

Submit evidence for the required number of examples based on the size of your program (S:2; M:4; L:6; XL:8). For each example activity (#), **complete** a row of the table below.

| **#** | **Title/Date/Format** | **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** |
| --- | --- | --- | --- |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |

**▶ADDRESSES POPULATION HEALTH** The provider addresses factors beyond clinical care that affect the health of populations.

1. 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.

**Name and Title of Attestor:** Click here to enter text

1. Submit evidence for the required number of examples based on the size of your program (S:2; M:4; L:6; XL:8). For each example activity (#), **complete** a row of the table below.

| **#** | **Title/Date/Format** | **Describe how the activity expanded your CME program beyond clinical care education and provided strategies that learners can use to achieve improvements in population health** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |

**▶COLLABORATES EFFECTIVELY** The provider collaborates with other organizations to more effectively address population health issues.

**Describe** four collaborations with one or more healthcare or community organizations during the current term of accreditation and how these collaborations augmented your organization’s ability to address population health issues. For each example activity (#), **complete** a row of the table below.

| **1** |  |
| --- | --- |
| **2** |  |
| **3** |  |
| **4** |  |

**▶OPTIMIZES COMMUNICATION SKILLS** The provider designs CME to optimize communication skills of learners.

1. Submit evidence for the required number of examples based on the size of your program (S:2; M:4; L:6; XL:8). For each example activity (#), **complete** a row of the table below.

| **#** | **Title/Date/Format** | **Describe the elements of the activity that addressed communication skills** | **Describe how you evaluated the observed communication skills of the learners and provided formative feedback to the learners.**  |
| --- | --- | --- | --- |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |

**▶OPTIMIZES TECHNICAL/PROCEDURAL SKILLS** The provider designs CME to optimize technical and procedural skills of learners.

1. Submit evidence for the required number of examples based on the size of your program (S:2; M:4; L:6; XL:8). For each example activity (#), **complete** a row of the table below.

| **#** | **Title/Date/Type** | **Describe the elements of the activity that addressed psychomotor technical and/or procedural skills** | **Describe how you evaluated the observed psychomotor technical and/or procedural skills of the learners and provided formative feedback to the learners** |
| --- | --- | --- | --- |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |

**▶CREATES INDIVIDUALIZED LEARNING PLANS** The provider creates individualized learning plans for learners.

1. We attest that our organization has engaged the number of learners that matches the size of our CME program (S:25; M:75; L:125; XL:200), as described in the examples provided in the table below.

[ ]  **Check** box to attest.

**Name and Title of Attestor:** Click here to enter text

1. **Complete** the table below describing the learning plan(s) and the number of learners for the size of your CME program and **attach** an actual example of the individualized feedback to the learner to close practice gaps. **Label** your documentation: **Attachment 4 – Repeated Engagement and Feedback**

| **Describe the individualized learning plan and explain how the plan requires repeated engagement and provides feedback to the learner** | **Indicate the number of learners that participated in the individualized learning plan with repeated engagement and feedback?** |
| --- | --- |
|  |  |

**▶UTILIZES SUPPORT STRATEGIES** The provider utilizes support strategies to enhance change as an adjunct to its CME.

1. 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.

**Name and Title of Attestor:** Click here to enter text

1. Submit evidence for the required number of examples based on the size of your program (S:2; M:4; L:6; XL:8). For each example activity (#), **complete** a row of the table below.

| **#** | **Title/Date/Format** | **Describe the support strategies that were adjunctive to the activity** | **Provide your analysis of the effectiveness of the support strategies** | **Describe planned or implemented improvements** |
| --- | --- | --- | --- | --- |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |

# Demonstrates Educational Leadership

**▶ENGAGES IN RESEARCH/SCHOLARSHIP** The provider engages in CME research and scholarship.

1. If your organization engages in CME research and scholarship, provide examples of two scholarly projects. **Complete** one row for each project inthe table below.
2. For each project, **attach** a copy of the project itself (e.g., poster, abstract, presentation, manuscript). **Label** your documentation: **Attachment 5 – Project <<#>>**

| **#** | **Describe a scholarly project your organization completed during the accreditation term relevant to CME (i.e., related to the effectiveness of and best practices in CME supports the success of the CME enterprise)** | **Describe the dissemination method used for each one (e.g., poster, abstract, presentation, manuscript)** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |

**▶SUPPORTS CPD FOR CME TEAM** The provider supports the continuous professional development of its CME team.

**Complete** the table below.

| **Describe your organization’s CME team** | **Describe the CPD needs that you identified for the team during the term of accreditation** | **Describe the learning plan implemented based on the needs identified, including the activities external to your organization in which the CME team participated** |
| --- | --- | --- |
|  |  |  |

**▶DEMONSTRATES CREATIVITY AND INNOVATION** The provider demonstrates creativity and innovation in the evolution of its CME program.

Identify four examples of innovation implemented during your current accreditation term. **Complete** one row for each example in the table below.

| **#** | **Describe each innovation AND how it is new to the CME Program** | **Describe how it contributed to your organization’s ability to meet your mission** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

# Achieves Outcomes (at least one required)

**▶IMPROVES PERFORMANCE** The provider demonstrates improvement in the performance of learners.

1. 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.

**Name and Title of Attestor:** Click here to enter text

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

Click here to enter text

1. Submit evidence for the required number of examples based on the size of your program (S:2; M:4; L: 6; XL:8). For each example activity (#), **complete** a row of the table below.

| **#** | **Title/Date/Format** | **# 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** |
| --- | --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |

**▶IMPROVES HEALTHCARE QUALITY** The provider demonstrates healthcare quality improvement.

**Describe** two examples in which your organization collaborated in the process of healthcare quality improvement, including the improvements that resulted from the collaboration and data (qualitative or quantitative) that demonstrates those improvements. **Complete** one row for each example in the table below.

| **#** | **Describe the collaboration** | **Describe the improvements in healthcare quality that resulted from the collaboration, including qualitative or quantitative data, that demonstrates those improvements** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |

**▶IMPROVES PATIENT/COMMUNITY HEALTH** The provider demonstrates the impact of the CME program on patients or their communities.

**Describe** two examples of your organization’s collaboration in the process of improving patient or community health that includes CME, including the improvements that resulted from the collaboration and data (qualitative or quantitative) that demonstrates those improvements. **Complete** one row for each example in the table below.

| **#** | **Describe the collaboration** | **Describe the improvements in patient/community health that resulted from the collaboration, including qualitative or quantitative data that demonstrates those improvements.** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |