



<i>Policy #:</i>	<b>3.0</b>	<i>Origination Date:</i>	2003
<i>Subject:</i>	<b>CME Content</b>	<i>Date of Last Revision:</i>	May 2018

**3.1 Educational activities that change competence, performance or patient outcomes**

- Each department producing a CME activity shall implement a planning process following the Plan Do Study Act (PDSA) model best suited to their individual activity.
- The annual CME needs assessment, CME activity evaluations, medical staff interest, and current topics within the medical field may be utilized to determine the direction of the individual planning committees.

**3.2 Activities/Educational Interventions in the context of desirable physician attributes**

CME activities should be developed in the context of desirable physician attributes. The CME Application asks Program Directors and activity planners to identify which Institute of Medicine (IOM) or American Board of Medical Specialties (ABMS) core competencies will be addressed in their activity and to explain how the competencies will be integrated into the program.

IOM/ABMS Core Competencies:

- Patient Care or Patient-Centered Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

- Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
- Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- System-Based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
- Interdisciplinary Teams: cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.
- Quality Improvement: identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care, with the objective of improving care.
- Utilize informatics: communicate, manage knowledge, mitigate error, and support decision making using information technology.
- Employ Evidence-Based Practice: integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.

### **3.3 CME Content Definitions and Examples**

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Examples of topics that are included in the ACCME definition of CME content include:

- Management, for physicians responsible for managing a health care facility
- Educational methodology, for physicians teaching in a medical school
- Practice management, for physicians interested in providing better service to patients
- Coding and reimbursement in a medical practice

When physicians participate in continuing education activities that are not directly related to their professional work, these do not fall within the ACCME definition of CME content. Although they may be worthwhile for physicians, continuing education activities related to a physician's nonprofessional educational needs or interests, such as personal financial planning or appreciation of literature or music, are not considered CME content by the ACCME.

### **3.4 Content Validation**

Inova, as the accredited provider is responsible for validating the clinical content of CME activities that they provide. Specifically,

1. 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.
2. 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 ACCME 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. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation