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# A Guide to Developing Your CME Activity (Chairs & Planning Members)

CME staff are available to assist you over the next few months to develop appropriate learning objectives, education content, and teaching materials for your session. You will be contacted by phone or email to begin this process. Please keep in mind that our education program aims to ***effect changes in the knowledge, competence, and/or performance***of physicians attending the meetings. To that end, please use the following as guidelines in preparing your CME Activity, presentations and material.

**Disclosure Slide:**

Your PowerPoint presentation should include a disclosure of financial relationship on the *very first* slide of your presentation. Your disclosure information should match the disclosure form that you submitted to the CME Dept. during the early planning process. If you had/have nothing to disclose you must indicate so, on the slide with a single line that reads. “*I have no financial disclosure relevant to this topic*”

**Learning Objectives**

Your presentation should have 1-2 learning objectives that are specific to the content you plan to present. Objectives should be framed in terms of how the program will help learners to effect beneficial change in their practice or professional role; and/or promote improvements to medical quality and/or patient outcomes. It’s a good idea to include the objectives in your slides at the beginning of your presentation; this facilitates the learning process and provides learners with a metric by which to evaluate the success of the educational program.

**Developing Educational Content**

***--Physician Competencies***

The CME Program adheres to the ACCME’s expectation that educational activities will be developed in the context of *desirable physician attributes (competencies)*. In other words, physicians should be able to utilize knowledge and skills gained in the session, within the framework of the identified competencies. Competencies identified by the Education Committee are listed below.

***--Content Validation***

The CME Program requires that all of its programs adhere to *ACCME’s content validation value statements* (see below) by making clinical recommendations that are evidence-based and supported by scientific research of sound experimental design, data collection and analysis.

***--Strategies to Ensure Valid CME Content:***

* Providing a balanced view of the therapeutic options
* Describing the evidence base and the strength of the evidence used to support clinical recommendations
* Ensuring that educational materials do not contain product advertising or product-group messages
* Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

 **Teaching Materials/Handouts**

Please provide a brief description of any resources, references and other teaching tools you plan to use as session handouts, in addition to your slides. ***You will be asked to submit handouts and slides approximately two months prior to the presentation, for screening of any potential commercial biases or conflict.***

# Desirable Physician Attributes (Competencies)

Effective CME programs are designed to address the need of physicians for life-long learning and growth in professional competencies identified as fundamental to the delivery of patient care that is effective, ethical and subject to continuous self-assessment and improvement (see IOM and AMBS Competencies, below). The educational program seeks to help participants *continuously grow in these competencies* by incorporating into program planning a *competence-based contex*t for the content to be

delivered – that is, for the information, resources, interaction and skills practice needed to assimilate and utilize in practice the outcomes of NRG’s research program.

**IOM Competencies**

The Institute of Medicine (IOM) has identified 5 Core Competencies that are believed to improve the quality and safety of patient care. Practitioners must: provide patient-centered care (PCC), work in interdisciplinary teams (IT), employ evidence-based practice (EBP), apply quality improvement (QI) techniques, and utilize informatics.

**ABMS Competencies and Criteria**

Through ABMS' Maintenance of Certification (MOC) process, board certified physicians in 24 medical specialties build six core competencies for quality patient care in their medical specialty. These competencies were first adopted by the Accreditation Council for Graduate Medical Education (ACGME) and ABMS in 1999.

* + **Patient Care**-Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.
	+ **Medical Knowledge**-Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.
	+ **Interpersonal and Communication Skills**-Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sounds, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).
	+ **Professionalism**-Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.
	+ **Systems-based Practice**-Demonstrate awareness of and responsibility to larger context and systems of healthcare. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).
	+ **Practice-based Learning and Improvement**-Able to investigate and evaluate their patient care practices appraise and assimilate scientific evidence and improve their practice of medicine.

# ACCME Content Validation Value Statements:

STATEMENT 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.”

STATEMENT 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.”

STATEMENT 3. “Providers are NOT eligible for ACCME accreditation or reaccreditation if they present activities that promote:

* + 1. Recommendations, treatment, or manners of practicing medicine that are not within the definition of CME or are
		2. Known to have risks or dangers that outweigh the benefits or are
		3. Known to be ineffective in the treatment of patients”