



AWARDS APPLICATION CHECKLIST

√	TASK
<input type="checkbox"/>	The nominee is a member of the Alliance for CME
<input type="checkbox"/>	At least one of the primary individuals involved in the planning, development and implementation of the activity is a member of the Alliance and listed as a nominee
<input type="checkbox"/>	The nominated activity took place within the specified time period
<input type="checkbox"/>	Related ACCME Criteria and Alliance Competency are identified and the Publication Release Form is completed (agreeing to release information for publication is not a pre-requisite for application consideration)
<input type="checkbox"/>	The activity/project is not be nominated for any other Alliance award
<input type="checkbox"/>	The nominee and recipients are not members of the Award Selection Panel for which they are applying
<input type="checkbox"/>	The activity/project is not the previous recipient of any other Alliance award
<input type="checkbox"/>	This is the only application per nominee (person or organization) being submitted for this award category
<input type="checkbox"/>	Application is not more than four (4) typed (not handwritten) pages, formatted with 1" margins on all sides and Arial 11 pt type (page count does not include this Application Face Page)
<input type="checkbox"/>	Two (2) page Outcomes Appendix, if applicable, is attached detailing impact/outcomes data
<input type="checkbox"/>	All information requested is present giving evidence that the application meets Nomination and Evaluative Criteria
<input type="checkbox"/>	Verification nominees represent the organization referenced on application is attached (signed attestation on organization's letterhead)
<input type="checkbox"/>	Summary or Abstract (limit 500 words) as requested on the Application Face Page
<input type="checkbox"/>	A complete list of all individuals involved in the award is included. This list must include the individual's name, degree, organizational affiliation and e-mail address
<input type="checkbox"/>	No additional activity-related supplemental materials are included. These materials will not be reviewed
<input type="checkbox"/>	Six copies of the appropriate entry form are being submitted to the Alliance. Incomplete submissions will not be considered for awards

UPDATED CRITERIA FOR COMPLIANCE WITH ACCME'S ACCREDITATION ELEMENTS

Criteria		Level 1	Level 2	Level 3
		Provider Provisional Accreditation	Provider Full Accreditation	Provider Accreditation with Commendation
Element				
1. The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.	1.1	☑	☑	☑
2. The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	2.1 2.2	☑	☑	☑
3. The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	2.1 2.3	☑	☑	☑
4. The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.	2.1		☑	☑
5. The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.	2.1		☑	☑
6. The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).	2.1		☑	☑
7. The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).	SCS	☑	☑	☑
8. The provider appropriately manages commercial support (if applicable, SCS 3).		☑	☑	☑
9. The provider maintains a separation of promotion from education (SCS 4).		☑	☑	☑
10. The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).		☑	☑	☑
11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.	2.4	☑	☑	☑
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.	2.5	☑	☑	☑
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.			☑	☑
14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.			☑	☑
15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.			☑	☑
16. The provider operates in a manner that integrates CME into the process for improving professional practice.				☑
17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).			☑	
18. The provider identifies factors outside the provider's control that impact on patient outcomes.			☑	
19. The provider implements educational strategies to remove, overcome or address barriers to physician change.			☑	
20. The provider builds bridges with other stakeholders through collaboration and cooperation.			☑	
21. The provider participates within an institutional or system framework for quality improvement.			☑	
22. The provider is positioned to influence the scope and content of activities/educational interventions.			☑	



Competency Areas and Competencies

Competency Area 1: Adult/Organizational Learning Principles

Comprehend evidenced-based adult and organizational learning principles that improve the performance and outcomes of the physician learner and the organizations in which they work.

Competency 1.1: Maintain awareness of current evidenced-based adult learning principles.

Competency 1.2: Maintain awareness of organizational development practices that improve individual and organizational learning and performance.

Competency 1.3: Conduct and/or apply educational research on how physicians learn and change.

Competency 1.4: Remain current on the CME literature.

Competency Area 2: Educational Interventions

Apply and improve educational interventions using evidence-based adult and organizational learning principles in appropriate contexts (learners, content and settings) that produce expected results for the physician learners and the organizations in which they work.

Competency 2.1: Use evidenced-based adult learning principles to guide the practice of CME.

Competency 2.2: Identify physician learning needs using data, especially clinical practice data.

Competency 2.3: Facilitate physician self-assessment, self-directed learning and evaluation using appropriate data.

Competency 2.4: Assist physician-learners to reflect upon present and desired levels of performance and plan the next steps in their personal education.

Competency 2.5: Translate learner needs into measurable objectives.

Competency 2.6: Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

Competency 2.7: Consider multi-disciplinary educational interventions when appropriate.

Competency 2.8: Provide longitudinal interventions when appropriate.

Competency 2.9: Provide interactive learning and opportunities to practice skills that lead to change in physician performance.

Competency 2.10: Emphasize problem-based/ practice-based learning.

Competency 2.11: Assure content validation in any CME educational intervention.

Competency 2.12: Offer educational consultation within physician organizations to identify goals for education that are specific to the practice and measurable.

Competency Area 3: Performance Measurement

Use appropriate data to assess two components: 1) Educational—the success of learning interventions, especially physician performance (CME activities) and 2) Administrative—the performance of the CME program.

Competency 3.1: Develop, use, and support an effective data management system for educational and administrative purposes.

Competency 3.2: Use measurement data to assess educational outcomes/results of the learning intervention as a basis for determining future learning needs and the application of the educational knowledge and skills.

Competency 3.3: Use data to assess the performance of the CME office in meeting its mission and organizational goals.

Competency 3.4: Promote continuous improvement and performance measurement as skills for physicians during educational interventions.

Competency 3.5: Promote continuous improvement as an administrative skill for the staff of the CME office.

Competency 3.6: Provide measurement tools and utilize reliable data to enable physician-learners to compare present levels of performance with optimum performance.

Competency Area 4: Systems Thinking

Recognize that physicians and CME professionals are part of a complex healthcare system with processes, other health providers, and patients that must be considered in providing learning interventions.

Competency 4.1: Recognize that, when offering learning interventions, CME professionals and the individual physicians they serve are part of a team and the system in which they work.

Competency 4.2: Consider a multi-disciplinary focus for needs assessment, educational design, and evaluation, as appropriate.

Competency 4.3: Consider healthcare organizational needs and goals when offering CME interventions.

Competency 4.4: Enable physicians, or teams, to apply what is learned with limited fear of failure.

Competency 4.5: Design activities with a cumulative goal of helping physicians, or teams of learners, to adopt change incrementally, assuring there is compatibility with present systems and advantage over present behaviors.

Competency 4.6: Identify and help modify processes that are barriers to change and the implementation of new knowledge.

Competency Area 5: Partnering

Identify and collaborate with key partners and stakeholders in accomplishing their CME mission.

Competency 5.1: Identify and collaborate with internal partners, including the quality improvement unit, performance improvement unit, the library, patients, and other related units, to accomplish the CME mission.

Competency 5.2: Identify and collaborate with external partners that enhance effective CME activities.

Competency 5.3: Collaborate and build relationships that support educational improvements for the patient, the physician, and the organizations in which the physician works.

Competency 5.4: Apply effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

Competency Area 6: Leadership

Provide leadership for the CME program which emphasizes continuous improvement, professionalism, and appropriate ethical practice.

Competency 6.1: Provide a vision of present role and future direction for CME and physician role and responsibilities in continued learning.

Competency 6.2: Develop a model learning organization.

Competency 6.3: Provide and support an environment for continuous improvement in educational practice and office operations.

Competency 6.4: Promote and support appropriate change as an essential component of an effective CME program.

Competency 6.5: Maintain a high standard of professionalism and ethics for all CME staff.

Competency 6.6: Be an advocate for the CME program, its mission and its activities.

Competency Area 7: Administration/Management

Manage office operations to meet personnel, finance, legal, logistical, and accreditation standards.

Competency 7.1: Document the value of the CME program to its own organization and to the physicians that it serves

Competency 7.2: Manage finances of the CME program to meet the organizational needs

Competency 7.3: Provide appropriate logistics for educational activities to enhance the educational experience.

Competency 7.4: Facilitate the work of educational committees to achieve CME program goals.

Competency 7.5: Develop a management culture of the office that will reflect a collaborative, service oriented, continuous improvement system that meets the needs of the physicians served, the organization of the CME program, and the accreditation standards.

Competency 7.6: Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements

Competency 7.7: Apply effective management skills including problem solving, communication and interpersonal skills, performance management, delegation and supervision, and organizational development

Competency Area 8: Self Assessment and Life-long Learning

Continually assess individual and organizational performance and make improvements through relevant learning experiences.

Competency 8.1: Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

Competency 8.2: Continually improve educational performance of the CME program through professional development.

Competency 8.3: Promote professional development for self and staff.



THE ALLIANCE *Awards*

Publication Release Form for Best Practices in CME

The Alliance has made revisions to its Best Practices in Accreditation Handbook. We are converting information from award applications into a Handbook called Best Practices in CME. This will offer additional recognition to the Awards Program and applications that reflect noteworthy programs and ideas.

If you are willing to share the information and application you submitted in this new Handbook, please review and indicate your response below. Anyone who contributes will receive a complimentary copy of the Handbook.

Publication Release

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Your consent certifies that you agree that the Alliance for CME can use your award application and information submitted. You also agree to release, discharge and acquit the Alliance for CME from any and all claims, demands, or causes of action that you may hereafter have against the Alliance for CME. This release form in no way inhibits you from using your own materials in any manner that you so desire.

You certify that the award application contains no information that need be withheld from publication because of security interest, patent considerations or other proprietary information interest.

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