

Glossary

(as defined by and adopted from the ACCME)

Accreditation Council for Continuing Medical Education (ACCME): The ACCME sets the standards for the accreditation of all providers of CME activities. The ACCME has two major functions: the accreditation of providers whose CME activities attract a national audience and the recognition of state medical societies to accredit providers whose audiences for its CME activities are primarily from that state and contiguous states.

Accreditation Statement: The standard statement that must be used by all accredited institutions and organizations. There are two different statements.

Directly Provided Activity – An activity planned and implemented by a MSSNY accredited provider.

Jointly Provided Activity – An activity planned and implemented by a MSSNY accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with MSSNY's Essential Areas and Policies as adopted from ACCME.

Activity: A CME activity is an educational offering that is planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria, Standards for Commercial Support, and policies.

Activity Review: The form of data collection that allows MSSNY to observe an activity and document compliance with the requirements for accreditation. This review occurs usually during an accreditation survey (on-site) and is required for all new applicants before they are fully accredited.

Advertising and exhibits income: The promotional activities and not continuing medical education.

Therefore, monies paid by ineligible companies to providers for these promotional activities are not considered to be commercial support.

Commercial support: for a CME activity is monetary or in-kind contributions given by a commercial interest that is used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the ACCME Standards for Commercial SupportSM.

Advertising and exhibit income is not considered commercial support.

Ineligible companies: as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for accreditation.

Committee learning: is a CME activity that involves a learner's participation in a committee process addressing a subject that would meet ACCME definition of CME if it were taught or learned in another format.

Competence: In the ACCME context, they use Miller's (1990) definition of competence as "knowing how" to do something. Knowledge, in the presence of experience and judgment, is translated into ability (competence) - which has not yet put into practice. It is what a professional would do in practice, if given the opportunity. The skills, abilities and strategies one implements in practice is performance. See Miller GE. The assessment of clinical skills/competence/performance. *Acad Med.* 1990; 65(9 Suppl): S63-7.

Competency: An underlying characteristic... causally related to effective or superior performance in a job.

Spencer, L.M., McClelland, D.C., & Spencer, S.M. (1994). Competency assessment methods: History and state of the art. Hay/McBer Research Press
Boyatzis, R.E. (1982). The competent manager: A model for effective performance. New York: Wiley-INTERSCIENCE

Compliance: The provider i meets the standard of practice for the judged criterion.

Continuing Medical Education (CME): CME consists of educational activities which serve to maintain, develop or increase the knowledge, skills and 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. A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients. Not all continuing educational activities in which physicians engage are CME. Physicians may participate in worthwhile continuing education activities that are not related directly to their professional work, and these activities are not CME. Continuing educational activities that respond to a physician's non-professional educational need or interest, such as personal financial planning or appreciation of music are not CME.

Course: is a live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar. For events with multiple sessions, such as annual meetings, accredited providers report one activity and calculate the hours of instruction by totaling the hours of all educational sessions offered for CME credit. To calculate the numbers of learners, accredited providers report the number of learners registered for the overall event. Accredited providers are not required to

calculate participant totals from the individual sessions. If a course is held multiple times for multiple audiences, then each instance is reported as a separate activity.

Credit: The “currency” assigned to hours of CME – 1 hour equals 1 credit and can be broken into 15 minute intervals. 15 minutes = .25 credits, 30 minutes = .50 credits and 45 minutes = .75 credits

Requirements of credit are determined by the AMA. (Category 1 and 2 Credit).

Criteria: The levels of performance and/or accomplishment required by MSSNY of an accredited provider for accreditation.

Designation of CME Credit: The declaration that an activity meets the criteria for a specific type of credit. The designation statement for certified CME is *AMA PRA Category 1 Credit™*.

Directly Provided: an activity that is planned, implemented and evaluated by the accredited provider. This definition includes co-provided activities (offered by two accredited providers) reported by the accredited provider that awards the credit.

Enduring material (other): An enduring material is an activity that is printed or recorded and does not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity. Sometimes providers will create an enduring material from a live CME activity. When this occurs, ACCME considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all AC-CME requirements. Enduring materials can be available for less than a year, a year, or multiple years. Each enduring material is counted as 1 activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expense related to the activity for that year. Accredited providers do not report cumulative data for an enduring material activity spanning multiple years. When reporting the number of participants for an enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME would not consider individuals that only received the enduring material activity but did not actually complete all or a portion of it to be participants.

Expenses: are the total cost of goods, services and facilities allocated to support the accredited provider’s CME program. Examples: amounts spent for CME staff salaries, faculty honoraria, and meeting space.

Hours of instruction: represents the total hours of educational instruction provided. For example, if a 1-day course lasts 8 hours (not including breaks or meals), then the total hours of instruction reported for that course is 8. Hours of instruction may or may not correspond to the number of credits designated for the American Medical Association Physician's Recognition Award. Accredited providers have the option to report the number of *AMA PRA CATEGORY 1 CREDITS™* designated for activities but they are not required to do so.

In-kind commercial support: are nonmonetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.

Internet (enduring materials): An Internet enduring material activity is an "on demand activity," meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast. Internet enduring materials can be available for less than a year, a year, or multiple years. Each Internet enduring material is counted as one activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expense related to the activity for that year. Accredited providers do not report cumulative data for an Internet enduring material activity spanning multiple years. When reporting the number of participants for an internet enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME would not consider individuals that only downloaded or accessed the activity but did not actually complete all or a portion of it to be participants.

Internet (live): is an online course available via the Internet at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity unless it is again presented on a specific date and time and is only available in real-time. If an Internet live activity is presented on multiple occasions, each event is counted as one activity. Example: webcast.

Internet searching and learning: is based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purpose of ACCME data collection, the ACCME includes Internet point-of-care learning, as defined by the American Medical Association, in the category Internet searching and learning.

Providers that offer Internet searching and learning CME aggregate their data from all learners and report it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the Internet searching and learning CME activity. The number of participants equal the total number of persons who participated in Internet searching and learning as a

CME activity. Each participant is counted once, regardless of how many times they participated or how many pages they viewed. For example, a provider offers Internet searching and learning CME and 50 physicians participate. Each physician spent 30 minutes participating in this activity. The accredited provider reports this as 1 Internet searching and learning CME activity with 50 physician participants and .5 hours of instruction.

Jointly provided: An activity is planned, implemented, and evaluated by the accredited provider and a non-accredited entity.

Journal-based CME: CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s), and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process. The ACCME does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider. Each article is counted as 1 activity. To calculate hours of instruction, the accredited provider specifies the amount of time required to complete the activity. The number of participants reported by the accredited provider equals the total number of individuals who completed the activity. Each participant is counted once, regardless of how many times they worked on the activity. For example, an accredited provider produces a journal that contains an article that is designated as a journal-based CME activity. Twenty physicians read the article, reflect on the content, and complete questions related to the content of the article. The physicians spend 1 hour on this activity. The provider would report this as 1 journal-based CME activity with 20 physician participants and 1 hour of instruction.

Learning from teaching: activities are personal learning projects designed and implemented by the learner with facilitation from the accredited provider. The ACCME does not have special requirements for this activity type. The ACCME developed the learning from teaching label as a corollary to the AMA PRA CATEGORY 1 CREDITS™ awarded directly to physicians for "Teaching at a live activity." To report learning from teaching CME, accredited providers aggregate the data from all learners and count it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the learning from teaching CME activity. The number of participants equals the number of individuals who participated in this CME activity. Each participant is counted once, regardless of how many times they worked on the activity. For example, an accredited provider created a learning from teaching activity for 10 physicians. Each physician completed the CME activity in 2 hours. The accredited provider reports this as 1 Learning from Teaching CME activity with 10 physician participants and 2 hours of instruction.

Manuscript review: is based on a learner's participation in a manuscript's pre-publication review process. When calculating the number of manuscript review CME activities, accredited providers report each journal for which the manuscript(s) is being reviewed as 1 activity regardless of the number of manuscripts or reviewers. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the manuscript review CME activity. The number of participants equals the total number of learners engaged in reviewing manuscripts as CME. Each participant is counted once regardless of how many manuscripts they reviewed. For example, an accredited provider publishes 1 journal. During the course of the year, 25 physicians reviewed manuscripts for this journal. Each physician spent 2 hours on the review. The accredited provider reports this as 1 manuscript review CME activity with 25 physician participants and 2 hours of instruction.

Measurable Objectives: Statements that clearly describe what the learner will be able to know or do after participating in the CME activity resulting in a change to the learner's competence, performance or patient outcomes.

Non-physician participants: are activity attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals.

Other income: includes all income the accredited provider received for its CME activities and CME program that does not fall under commercial support or advertising and exhibit income. The most common examples of other income include activity registration fees, grants from government agencies or independent nonprofit foundations, and allocations from the accredited provider's parent organization or other internal departments to pay for the CME unit's expenses.

Performance: What one actually does, in practice. Performance is based on one's competence but is modified by system factors and the circumstances.

Performance improvement (PI): is based on a learner's participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates the education into patient care, and then re-evaluates his/her performance. To report PI CME, accredited providers count each learning project as 1 PI CME activity, regardless of whether it is created for an individual physician or a group of physicians. For hours of instruction, accredited providers specify the amount of

time they believe a learner would take to complete the PI CME activity. The number of participants equals the total number of learners who participated in the learning project. Each participant is counted once, regardless of how many times they worked on the activity. For example, an accredited provider established a performance improvement learning project. Three physicians participated; each completed the learning project in 20 hours. The accredited provider reports this as 1 performance improvement CME activity with 3 physician participants and 20 hours of instruction.

Physician participants: are activity attendees who are MDs or DOs.

Professional Practice Gap: The difference between actual and ideal performance and/or patient outcomes. In patient care, the quality gap is “the difference between present treatment success rates and those thought to be achievable using best practice guidelines.” *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Fact Sheet. AHRQ Publication No. 04-P014, March 2004. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/epc/qgapfact.htm>*

As CME content goes beyond issues of direct patient care the ACCME is using professional practice gap to refer to a quality gap in areas that include but also can go beyond patient care (e.g., systems’ base practice, informatics, leadership and administration)

Program of CME: The overall CME program of a sponsor consists of one or more educational activities consistent with the “Essentials”.

Provider: The institution or organization that is accredited to present CME activities.

Purpose of CME Accreditation: To assure physicians and the public that CME activities meet accepted standards of education.

Recognition: The ACCME process used to approve state medical societies as accreditors of intrastate providers.

Regularly scheduled series: The ACCME defines a regularly scheduled series (RSS) as a course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization’s professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences. Accredited providers report each RSS as 1 activity. In addition, accredited providers follow the following guidelines: The cumulative number of hours for all sessions within a series equals the number of hours for that activity and Each physician is counted as a learner for each session he/she attends in the series. For example: Internal Medicine Grand Rounds is planned for the entire year as 1 series. Participants meet weekly during the year for 1 hour each week. The accredited provider reports the series as 1 activity with 52 hours of instruction. If 20 physicians participated in each session, total physician participants would be 1,040 (20 physicians per session multiplied by 52 sessions) for that single activity.

State-accredited provider: are accredited by a state/territory medical society that is recognized by the ACCME as an accreditor. State-accredited providers offer CME primarily to learners from their state or contiguous states as opposed to ACCME-accredited providers, which offer CME primarily to national or international audiences.

Test-item writing: is a CME activity based on a learner’s participation in the pre-publication development and review of any type of test item. Examples: multiple choice questions, standardized patient cases. Test-item writing CME activities may consist of either of the following processes: When questions are written for an item pool and are later used to build a variety of tests, then building the questions for a single pool is counted as 1 activity. Examples: The Pediatric Item Writing Committee of the National Board of Medical Examiners or the second-year clerkship exams at a medical school. When questions, items, or cases are created for 1 specific test, then each test is counted as a separate CME activity. Example: multiple choice questions for the 2012 clerkship exam in pediatrics. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the test-item writing CME activity. The number of participants should equal the total number of persons who engaged in the test-item writing CME activity. Each participant is counted once regardless of how many test items they write. For example, an accredited provider planned a CME activity where 5 physicians wrote test items for an American Board of Medical Specialties (ABMS) member board certification examination question pool. Each physician completed the test-item writing CME activity in 10 hours. The accredited provider reports this as a test-item writing CME activity with 5 physician participants and 10 hours of instruction