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Collaboration,
Fellowship,
Networking.”*

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A WORD FROM THE IACME PRESIDENT Rebecca DeVivo, MPH, MSW

Spring is approaching fast, even if it doesn't feel like it! The next two months are a busy time for IACME – it's time to register for the spring meeting, renew your membership and nominate your fellow members for positions on the board and awards. We have a lot of smart, creative and dedicated professionals in IACME and now is the time to recognize and nominate these individuals.

Are you interested in running for the board? If yes, please don't hesitate to submit your name. We are looking for people with diverse backgrounds and experiences and there is no required or set path to the board of directors. If you're not sure, please feel free to call me, Michelle Adams or any other board member directly and we'd be happy to discuss it with you.

You'll be seeing emails on these nominations in the next week or two – there's no better way to help shape the future of an organization than to help determine who leads it. We look forward to hearing from you!

MARK YOUR CALENDAR!!! IACME Annual Conference

May 20, 2010

Please hold the date! The IACME Annual Conference will take place on May 20, 2011 at the Metropolis Theatre in Arlington Heights. Details and registration will be available in April.

2011 Call for Board of Director Nominations!

IACME Board of Directors is seeking **4 NEW candidates** to fill board vacancies. We want **YOU** to consider running for an open position.

The BOD is comprised of up to 12 members that guide the future directions of the organization and monitor all IACME committee efforts. Nominees must be willing to serve a 2-year term and attend up to 4 board meetings per year (in-person and/or via conference calls).

We are seeking board members who represent diverse settings and experiences in CME so we urge each of you to consider running for the IACME Board of Directors and to contribute your talents to the growth and development of this organization. We look forward to hearing from you and to receiving the nomination materials. For your convenience, nomination material can be found on the IACME website by visiting www.iacmeonline.org. Questions can be directed to ilalliance@aol.com.

GOING GREEN

Do you have ideas on how to “Go Green CME!” Please e-mail ilalliance@aol.com or join the discussion on LinkedIn. Go to: http://www.linkedin.com/groups?gid=1903150&trk=myg_ugrp_ovr

Call for Articles & Cases on Accreditation/Re-Accreditation Process!

The cases are making a come back! This year, the newsletter will feature a series of articles focused on the accreditation/re-accreditation process. Whether you are state or nationally accredited, share your stories, help your CME colleagues learn and grow! Should you wish to submit an article/case, please e-mail ilalliance@aol.com. As has been the usual practice, follow up discussions will take place on IACME LinkedIn Page. To aid the process, please consider the following guiding questions.

- What steps did you take internally prior to starting the self-study/reaccreditation process in order to help your organization prepare for the reaccreditation process?
- If you have done a self study prior to this one, what are some of the major differences that you found in this self study? If this is your first self study, describe your impressions and thoughts on the process.
- What were some of the key challenges that you encountered in completing the self study and/or reaccreditation process. How did you deal with them?
- What are some of the lessons you learned that you would like to share with colleagues? Any recommendations?
- How far in advance did you start preparing for this? How much time did you spend compiling your self-study?
- Did anyone outside of your staff review your self-study? If so, what value (if any) did this add?
- If you achieved accreditation with commendation, what do you think made you successful?
- For the submission of activity files, did you utilize hard copy or go green and submit by PDF on a CD or flash drive? If you used PDF, what was your experience with this format? Preferred?
- If you had an interview by phone, did everyone call in separately or did you have physician leaders with you in the same location? If you did, do you feel this made a difference in how the interview went?

The Reaccreditation Process: A Society's Perspective

Steps in preparation to the re-accreditation process

Initially, and prior to the start of our self study, we communicated with various CME stakeholders (i.e. executive committee members, CME committee members, joint sponsors, CME staff members, etc.) about the upcoming reaccreditation cycle, the suggested timeline, and the ACCME's guidelines. Another step involved holding scheduled review sessions with our stakeholders regarding the reaccreditation guidelines and evidence of implementation to demonstrate how we would prepare the self study. In addition, the Society also reached out to the ACCME staff and visited their website to gain further clarification about certain reaccreditation guidelines

that prompted questions about our internal policies, processes and forms of evidence.

Overcoming challenges

Finding time posed a major challenge due to having to juggle multiple educational activities and responsibilities, managing an active joint sponsorship group and developing an annual conference in addition to conducting the self study.

Throughout our planning discussions and review meetings, a few gaps were identified among some of our CME stakeholders. They were relevant to the full understanding of our current planning processes, the ACCME's Updated Criteria, the SCS, and related policies. This glimpse into our overall preparedness was valuable, yet required an extensive amount of additional time, continuous communication among all of the stakeholders, and internal training sessions to get everyone "on board" with their role, level of assistance, and the main tasks needed to complete the self study.

The reaccreditation process can become overwhelming, especially, when you become the main advocate and leader for such an extensive project. Some of our CME stakeholders meant well and truly wanted to help, but often lacked the time needed to devote the level of support required for this project. Other stakeholders, who wanted to help lacked a comprehensive understanding of the ACCME's Updated Criteria, SCS, and related policies. On the other hand, there were some stakeholders that were outstanding, provided excellent input, and surpassed our expectations!

Another challenge in completing the reaccreditation process was that it became highly paper intensive. Although we would have liked to have gone completely "Green," many of our joint sponsors had not submitted their activities electronically. We, on the other hand, neither had the time, nor the resources to convert all of the material into electronic format.

Differences from the previous self study

The Society has successfully completed two reaccreditation cycles prior to the latest one. The main difference was that previous reaccreditation cycles focused on the overall planning and internal CME structure and processes, whereas the latest self study placed a stronger emphasis on the implementation of the SCS and its related policies.

Another difference that became apparent in the preparation process was some level of discord among the CME stakeholders with their interpretation of the ACCME's Updated Criteria and current SCS and policies. In past reaccreditation cycles, there usually was a general consensus among the CME stakeholders. Yet during this reaccreditation period, it became evident that there was more than one interpretation on how to conduct the self study; also, regarding some of the Update Criteria, SCS, and policies. These varied interpretations were eye opening and became unexpected challenges.

Lessons learned

If something doesn't make sense, or doesn't seem to be clear with your internal policies, processes, and/or mechanisms, make sure to address it right away with your reaccreditation team to prevent any ambiguity within the

report and with the surveyors down the road.

It is also important to use the language and terms consistent with the ACCME's current definitions and verbiage throughout your report, especially, with your policies and overall self study. Make sure your policies are up-to-date with the latest ACCME policies, definitions, and appropriate verbiage.

Certain CME stakeholders were amazing with their level of support, assistance, and overall feedback. Their willingness to help out was truly inspiring and reinforced the (often overlooked) importance of establishing a positive and congenial rapport with each of your fellow CME stakeholders early on.

Recommendations

Identify your main reaccreditation team members (committee members, joint sponsors, CME staff members, board members, executive director, CME consultants, etc.) early; who will be there for you from the beginning to the end?! These main team members will need to be available at all times to provide you with the level of support that you'll need (including after hours and some weekends).

Include a few non-CME reviewers who can help tremendously by providing objective perspectives and feedback, and also, question anything that needs further clarification about your overall CME program and related policies and mechanisms.

Go ahead and visit the ACCME's website for further clarification on any gnawing questions and/or doubts regarding your reaccreditation process as well as on any of your internal policies and processes! Their current level of educational/training resources and online support is on target and very helpful!

We invite you to take the time to answer one or all of these questions for yourself or on the IACME LinkedIn Discussion group, <http://www.linkedin.com/groups?mostPopular=&gid=1903150>. This case will be posted as a fresh discussion for you to join.