



Self Study Report for Accreditation of Institutions and Organizations as Providers of Continuing Education for Health Care Professionals

Instructions

The Accreditation Council for Continuing Medical Education (ACCME), the American Council on Pharmaceutical Education (ACPE), and the American Nursing Credentialing Center (ANCC), have developed this *Self Study Report (the Report) for Accreditation of Institutions and Organizations as Providers of Continuing Education for Health Care Professionals* as a means of simplifying the accreditation process for continuing education providers with multiple accreditations.

Each organization has set its own eligibility requirements. You should contact the ACCME, ACPE, or ANCC directly and individually to determine if you are eligible for accreditation.

You can use this application/report to prepare application materials for accreditation by any or all of the organizations. *Please note that the application report format is common for the ACCME, ACPE, and ANCC but there are still three different sets of requirements, accreditation decision-making processes and fees.*

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Handling Process

ACCME

ACCME will only accept self study reports as applications for accreditation from organizations that are seeking reaccreditation by ACCME or who are currently accredited (provisionally or fully) by an ACCME recognized state medical society or from organizations designated as eligible to apply for initial accreditation by the ACCME through the ACCME PRE-APPLICATION process. The *self study* report including all the attachments (excluding copies of enduring materials) must be single-spaced, 11-point type, sequentially page-numbered, and contained within a two-inch, three ringed binder. Digital formats (example CD's, electronic files, webs sites) will not be accepted. If the self study report and related materials are not submitted in the format required, they will not be accepted. The Provider will be notified to re-submit materials that fit ACCME's specifications, along with a \$500 additional fee to cover ACCME's additional costs. The applicant must submit four complete sets of the self study report materials along with the current applicable accreditation fee to the ACCME, 515 North State Street, Suite 2150, Chicago, Illinois, USA 60610.

ACPE

ACPE will accept self study materials from organizations that are seeking initial accreditation and meet ACPE's eligibility requirements or who are currently ACPE-accredited and are seeking reaccreditation. The self study materials will be evaluated in accordance with the ACPE *Criteria for Quality and Interpretive Guidelines*, which may be obtained at ACPE's web site, www.acpe-accredit.org. The self study, together with supporting materials and documentation, should be organized into a bound volume (e.g., notebook or binder). These materials are reviewed twice each year and must be submitted prior to February 1 or September 1 to be reviewed for the June and January Board of Directors' meetings, respectively. Organizations must send three copies of the completed self study materials along with the current applicable accreditation fee to the ACPE, 20 North Clark Street, Suite 2500, Chicago, IL 60602.

ANCC

ANCC will accept applications for accreditation from entities that meet ANCC's eligibility requirements and that follow procedural requirements outlined in the current edition of ANCC's Provider manual. To purchase a manual, download an order form from the web site at www.nursecredentialing.org. In addition, to ensure eligibility requirements are met, review the requirements delineated in the Approver and/or Provider manual. Self study material is reviewed twice each year and must be submitted prior to February 1 or August 1 to be reviewed in the next cycle. Applicants must send six copies of their self study material along with the current, applicable, non-refundable fee to the ANCC Accreditation Program, 600 Maryland Avenue, SW, Suite 100W, Washington, DC 20024-2571.

Completing the Self Study Report

This report constitutes an application for accreditation and should reflect an analysis of the Continuing Education (CE) Program of the applicant organization, its compliance with the ACCME's *Essential Area Elements and Policies*, the ACPE *Criteria for Quality and Interpretive Guidelines*, and/or the operational requirements and criteria of the American Nurses Credentialing Center, as well as the applicant's plans for improvement. Questions or requirements specific to one or two of the accrediting organizations have been annotated with a superscript acronym^[ACCME, ACPE and/or ANCC]. If you have questions about the requirement, contact the respective accrediting organization.

Please submit **narrative** and the **required attachments** for each item of *the Report*.

The Report is intended to address two major components of accreditation: (1) a documentation of the CE Program compliance with the ACCME *Essential Area Elements and Policies*, the ACPE *Criteria for Quality and Interpretive Guidelines*, and/or the operational requirements and criteria of the ANCC and (2) the plans for improvement of the Program.

Compliance with accreditation requirements - The CE Program provider should review the past and current performance of the program in meeting the ACCME, ACPE, and/or ANCC accreditation requirements. Evidence should be presented in *the report* of current compliance. If the provider determines that the program is in noncompliance or in partial compliance, *the report* should note the deficiency and outline a plan to improve the deficiency. Where appropriate, the provider should identify areas of exemplary compliance.

Plans for improvement - In addition to outlining improvement plans for identified problems, the provider should review the practice of CE and the environment in which the provider practices, to determine what improvements the overall CE Program should make. Those improvements could be in the context of the Program itself, the way CE is practiced or should be practiced by providers, or in reference to the changes in the health care environment in which the Program functions.

These plans for improvement will reflect the vision and values of the Program and provide a frame of reference for the improvement process for the program.

Accreditation Self Study Report for Accreditation of Institutions and Organizations as Providers of Continuing Education for Health Care Professionals

I BACKGROUND

Type of Accreditation Desired..... ACCME ACPE ANCC

Name of applicant organization (as it should appear on accreditation certificate)

URL Web Address

Are the provider unit and the total organization one and the same? Yes No

If not, name of provider unit, or entity responsible for administration of CE (if different)

Please check here if initial applicant

Provider (applicant organization) accreditation number, as previously assigned:..... ACCME ACPE ANCC

The date provider unit became operational

The CE program of the applicant organization is is not accredited/approved by a state accreditor / approver until..... Month Year

Current state accreditation status (check one) Full Provisional Probation N/A

Please indicate with "✓" what classification most accurately describes your organization

<input type="checkbox"/> Advertising Company	<input type="checkbox"/> Not-For-Profit Foundation (501c 3)
<input type="checkbox"/> Alliance/Consortium	<input type="checkbox"/> Professional Member Organization (Non-Specialty Based)
<input type="checkbox"/> Communication Company	<input type="checkbox"/> Professional Member Organization (Specialty Based)
<input type="checkbox"/> Education Company (Physician/Nurse/Pharmacist owned/operated)	<input type="checkbox"/> Publishing Company
<input type="checkbox"/> Education Company, Other	<input type="checkbox"/> School of Medicine
<input type="checkbox"/> FDA Regulated Company	<input type="checkbox"/> School of Nursing
<input type="checkbox"/> Government or Military (including Federal Nursing Services)	<input type="checkbox"/> School or College of Pharmacy
<input type="checkbox"/> Health Care Delivery System	<input type="checkbox"/> State Medical/Nurses/Pharmacist Society/Association
<input type="checkbox"/> Hospital	<input type="checkbox"/> Voluntary Health Association
<input type="checkbox"/> Insurance Company/Managed Care Organization	<input type="checkbox"/> Other _____

What percentage of the "total educational activities" implemented by your organization are given on a

Local basis (city or state)	→ <input type="text"/> %	National basis.....	→ <input type="text"/> %
Regional basis (contiguous states)..	→ <input type="text"/> %	International basis.....	→ <input type="text"/> %

The CE program of the applicant organization (One check per line)

<input type="checkbox"/>	Does	<input type="checkbox"/>	Does not.....	receive commercial support
<input type="checkbox"/>	Does	<input type="checkbox"/>	Does not.....	partner with other organizations to deliver CE activities

If does, the applicant organization partners with:

<input type="checkbox"/>	ACCME-accredited organizations	<input type="checkbox"/>	ANCC-accredited organizations
<input type="checkbox"/>	ACPE-accredited organizations	<input type="checkbox"/>	non-accredited organizations

Chief executive (administrative) officer of applicant organization:

Name:			
Title:			
Address:			
Telephone		Fax number:	e-mail

Individual responsible for CE unit and for the material contained within this application:

Name			
Signature			
Title			
Address			
Telephone		Fax number:	e-mail

Contact person for application/survey:

Check here if the contact person is the same as individual responsible for CE unit.

Name			
Signature			
Title			
Address			
Telephone		Fax number:	e-mail

If applying to ANCC, the nursing planner of the applicant organization:

Name:			
Title:			
Address:			
Telephone		Fax number:	e-mail

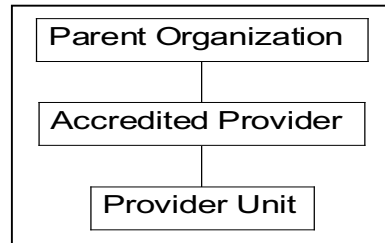
II EXECUTIVE SUMMARY

Provide a narrative summary (two page maximum, 11 point, single spaced) of your CE Program that includes a description of:

- 1) Brief history of the program
- 2) The leadership of the program
- 3) Your current and projected practice of CE
- 4) A review of the health care environment in which your CE program operates
- 5) The structure and process your organization used to conduct its self study
- 6) A summary of the program strengths, areas for improvement, plans for addressing improvements, and future direction of the program.

III ADMINISTRATION

Parent Organization



Attach Parent Organization Mission Statement.

- 1) Does the Mission Statement of the parent organization have a reference to the CE functions/responsibility?
- 2) How does CE support the mission of the parent organization?
- 3) How does the parent organization support the CE Program? (i.e. financial, personnel, resources)

Mission^[ACCME, ACPE] or Beliefs and Goals^[ANCC] Statement:

Attach CE Mission or Beliefs and Goals Statement.

- 1) Explain your purpose, content areas, target audiences, type of activities and expected results as reflected by your CE mission or Beliefs and Goals Statement.
- 2) When and by whom was your Mission or Beliefs and Goals Statement last reviewed?
- 3) Provide information to help explain your relationship to your parent organization, if applicable.

Organizational Framework

Attach organizational chart.

Attach program income and expense statements for each year of the current accreditation term with sources of revenue.^[ACPE only requires last year of accreditation]

Attach a copy of a budget and final income/expense summary for a specific CE activity. Your example should cover an activity that includes, if applicable, details of commercial or institutional support.

- 1) Describe the organizational structure of the CE Unit and its relationship with the parent organization. Include the people, titles and responsibilities in your description of the Program.
- 2) Describe the relationships within the CE unit and with the parent organization. How does the Program function internally and how does it work with its parent organization? Any areas in need for improvement? If so, please indicate the action plan for improvement.

Business and Management Practices

Attach Table of Contents of Policy and Procedures Manual^[ACCME]/Operational Requirements.^[ANCC]

Attach the policy and procedure manual for the continuing education program.^[ACPE]

Attach written attestation that policies are followed.^[ACCME, ACPE]

- 1) Describe how you have organized the implementation and monitoring of the business and management components of your CE program. Describe the processes and the structure through which this implementation occurs.
- 2) What areas of your business and management policies, procedures and practices have been identified as needing improvement?
- 3) What actions you are taking to improve them?

Disclosure and Commercial Support

Attach disclosure policy.

Attach example of mechanism used to inform faculty of requirement to disclose off-label uses to participants.

Attach example of mechanism used to make disclosure known to participants.

Attach example of mechanism used to acknowledge commercial support to participants.

Attach actual forms, announcements, contracts, disclosures, from one specific CE activity that demonstrates how you implement and manage the Standards for Commercial Support.

- 1) Describe your practice of disclosing significant financial relationships of the faculty and the CE provider with commercial products discussed in the educational presentation.
- 2) Describe your practice of disclosing relationships of the faculty and the CE provider with commercial supporters of the educational activity.
- 3) Describe the mechanism you have in place to inform the faculty of the requirement to disclose to participants off-label or investigational uses that will be discussed in the presentation.

- 4) When producing an educational activity that has received commercial support, how does the provider ensure that:
 - Content is controlled by the provider;
 - Promotion is separate from education; and
 - Appropriate management of funds is demonstrated?
- 5) Describe and document how your organization is in compliance with ACCME policy 2000-B-12, if applicable.^[ACCME]
- 6) Provide your self-assessment of this area. Include your assessment of your own compliance as well as any improvements you have implemented or have planned.

IV EDUCATIONAL DESIGN CRITERION

NOTE: The provider should select one CE activity as an example to demonstrate compliance and the appropriate linkages required for the sections on planning process, needs assessment, purpose and objectives, implementation and activity evaluation.

Planning Processes

Attach example of your planning process as used in a completed CE activity.

- 1) Describe all aspects of the planning process(es) used by your CE Program. (If your program includes several types of activities describe the planning process for each type of activity and provide an example.)
- 2) Describe the strengths and weaknesses of the process you use for each type of activity.
- 3) Explain how you plan to improve the planning process for each type of activity in the next four years. What are the expected results?
- 4) Describe the educational and experiential qualifications of the nurse planner.^[ANCC]

Needs Assessment

Attach documentation demonstrating use of needs assessment data in the planning of a specific CE activity.

- 1) List sources/data used to identify your learners' educational needs for the types of activities?
- 2) How do you incorporate these data into the planning of each type of CE activity?
- 3) Explain how you plan to improve your needs assessment practices for each type of activity during your next accreditation cycle. What are the expected results?

Purpose and Objectives of Activities

Attach promotional material for each type of activity highlighting the purpose/objectives and the appropriate accreditation statements.

- 1) Describe methods that are used to communicate purposes and/or objectives to the learner. Provide an example for each type of activity.
- 2) What level of result (knowledge, skills, attitudes, performance/practice desired, or health outcome) is reflected in the purposes/objectives of the activity?
- 3) Describe the relationship of the teaching and learning strategies to the learning objectives.^[ANCC, ACPE]
- 4) Provide your self-assessment of this area. Include your assessment of your own compliance as well as any improvements you have implemented or have planned.

V OUTCOMES EVALUATION

Activity Evaluation

Attach for each type of activity an evaluation instrument and a summarized data set from a specific activity.

- 1) What methods or processes do you employ to determine if your CE activities are effective in meeting the needs from which the activity was designed?
- 2) In what ways have evaluation results been used for each type of activity?
- 3) How can your evaluation process be improved for each type of activity?
- 4) How can your effectiveness in meeting educational needs be improved for each type of activity?

Documentation of Learners' Participation

Attach a sample of certificate^[ACCME, ANCC], statement of credit^[ACPE] or verification of attendance awarded to participants. (Initial applicants must submit a mock-up of the certificate or statement of credit to be used if the organization becomes accredited.)

Describe the methods, systems and/or tools your organization uses to record the learners' participation at an activity.

Evaluation of Total Program of Continuing Education Presented by the Provider

Attach a summary of the overall CE program evaluation with examples of improvements that have been implemented.

Attach examples of the methods used to evaluate the effectiveness of your overall CE program.

- 1) Describe how the CE Program is evaluated for its effectiveness. What criteria are used to measure effectiveness and how are they selected?
- 2) Who participates in the CE Program evaluation? Why?
- 3) How frequently do evaluations of the Program occur?
- 4) What changes are planned for the future as result of the most recent overall evaluation? Are there any recognizable barriers to these changes?

VI OVERALL PROGRAM REFLECTION AND FUTURE DIRECTION

Please provide a summary of the principle strengths and needed improvements or further developments with an overall action plan to address the identified issues.

VII SUMMARY OF CE ACTIVITIES

After this page please insert a chronological list of all the CE activities presented, sorting first by type (directly sponsored, jointly sponsored, or cosponsored) and then by format (live, enduring materials, journal-CE). Include date, title, location, hours of instruction, and number of participants.

- During the current term of accreditation for REACCREDITATION^[ACCME, ACPE] and during the current term of ANCC accreditation for applicants applying to extend their terms of accreditation for another accreditation period^[ANCC]
- During the last 24 months for INITIAL ACCREDITATION

Attach two copies of each type of enduring material produced, if applicable.

Enclose two copies of one example of a Journal CE activity, if applicable.

List the URL for one example of an Internet CME activity, if applicable.

VIII REFERENCES

- 1) *A System of Accreditation of Providers of Continuing Medical Education (Abridged)*, July 1999.
- 2) *The ACCME's Essential Areas, Elements, and Decision-Making Criteria*, July 1999.
- 3) *The ACCME's Accreditation Policy Compendium*, current version at www.accme.org.
- 4) *ACPE's Criteria for Quality and Interpretive Guidelines, Continuing Education Manual: Continuing Professional Education Provider Accreditation Program*, First Edition (June 1996)
- 5) ANCC's manual for accreditation as a Provider of Continuing Nursing Education, 2001-2002.