USE OF THE QUICK TOOL

Part of the

Toolkit for the Standards for Integrity and
Independence in Accredited Continuing Education

https://accme.org/publications/quick-tool-simplify-educational-planning-when-identification-mitigation-and-disclosure

Quick Tool for Planning Accredited Continuing Education

For more information, visit accme.org/standards

ACCME

What is your name and email?	Name:
	Email:
When will the education take place?	Date:
Do you have a title or brief description for the education? If yes, please note it to the right; if no, leave blank. Examples: Emergency Department team huddle; Leadership in a time of crisis; Well-being check-In	Title/Brief Description:
What practice-based problem (gap) will this education address? Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students	Practice-based problem (gap):
What is/are the reason(s) for the gap? How are your learners involved? Examples: We need strategies to discuss difficult topics with family members; Don't know best ways to improve team collaboration	Reason(s) for the gap:
Review the three statements to the right. If you can check any of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships. If you unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.	The education will… (check all that apply) ☐ only address a non-clinical topic (e.g., leadership or communication skills training). ☐ be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers). ☐ be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan).
What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Examples: Eliminate stigmatizing language from communications with patients; Improve my management skills	Desired change(s) in strategy, performance, or patient care:
In order to award CME/CE credit, please indicate the duration of the education.	Education duration: _____ hours and _____ minutes *Please report time in 15-minute increments.*
Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information to the right. Example: I will use the evidence-based checklist we discussed to improve screening my patients for past military service.	Changes learners intend to make to strategies, performance, or patient care:

After the activity, please collect attendance and learner change information for the activity and send it to the continuing education department in order for credit to be awarded. You can also list the attendees on the back of this form.

Note for Continuing Education Staff

This completed form provides the necessary information to demonstrate the professional practice gap and underlying needs, expected results, appropriate format, changes in learners, independence, and administrative information needed to award credit to learners. Please enter this activity in ACCME PARS following your usual process, and provide to learners your accreditation statement, the credit designation statement, and any applicable MOC statements. If you have awarded MOC credit, please report learners in PARS within 30 days of the education. For questions or assistance, contact ACCME at info@accme.org.

Toolkit for the Standards for Integrity and Independence in Accredited Continuing Education
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With the implementation of ACCME's new Standards came the release of their

QUICK TOOL
for Planning Accredited CE

intended to help simplify planning when **identification, mitigation and disclosure are not required.**

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WHAT? …. WHEN IS DISCLOSURE NOT REQUIRED?

NEW EXCEPTIONS TO DISCLOSURE

Accredited providers do <u>not</u> need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

- Education that is **non-clinical in nature**, and

- Education where the learner group is in control of content, such as **spontaneous case conversations among peers** (also referred to as Peer-to-Peer or At-the-Elbow CME).

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WHAT CONSTITUTES A NON-CLINICAL TOPIC?

Education is considered **non-clinical in nature** when it does not provide any type of clinical recommendations in caring for patients but is directly related to physicians' professional work.

When education is **not** directly related to their professional work, it does not fall within ACCME's definition of CME content.

EXAMPLES OF NON-CLINICAL TOPICS

- Advocacy and Legislation
- Employment Contracts
- Billing, Coding and Reimbursement
- Telehealth Fraud
- Electronic Medical Records (EMR)
- Improving Physician Communication with Patients
- Practice Management
- Starting Your Own Medical Practice
- Connecting Practice to Research
- Physician Burnout and Well-Being
- Physician Leadership

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IN DOUBT WHETHER A TOPIC IS CLINICAL VS. NON-CLINICAL IN NATURE?

I would err on the side of caution and collect disclosure.

FOR EXAMPLE:

The field of **Medical Ethics** encompasses both practical application in **clinical** settings and scholarly work in philosophy, history, and sociology. **Ethics consultants offer clinical and non-clinical recommendations**.

Thus, if an **Ethics** topic is being presented to you as a non-clinical topic, but you have not yet seen any content or outline for content, you have every right as the accredited provider to question and make the final decision.

The fields of **Social Determinants of Health (SDOH)** and **Diversity, Equity and Inclusion (DEI)** would similarly apply.

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WHAT CONSTITUTES SPONTANEOUS CASE CONVERSATIONS?

Spontaneous learning opportunities that might not have been previously considered CME, **like:**
– **Team huddles**
– **Impromptu case discussions**
– **Impromptu leadership-learning discussions**

In these instances, with the guidance of the CME Department, learners can describe the learning opportunity (problem-in-practice and change) that resulted.

WHAT SPONTANEOUS CASE CONVERSATIONS ARE <u>NOT</u>!

- **Regularly scheduled series**
- **Case conferences**
- **Tumor boards**

These are <u>not</u> considered "spontaneous case conversations among peers," as the exception does not apply to conferences or grand rounds that have set times and dates and have traditionally been planned as accredited CME.

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The new Quick Tool provides a good framework for planning <u>both</u> of these types of learning opportunities

You may consider making the tool available **<u>electronically</u>**.

However, I would recommend you only allow medical staff to complete the tool themselves (at their discretion) for **Spontaneous Case Conversations**, as described below.

Review the two statements to the right.

If you can check <u>any</u> of these boxes, you do not need to identify, mitigate, <u>and</u> disclose relevant financial relationships.

If you unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.

The education will... (check all that apply)

☐ only address a non-clinical topic (e.g., stress management or communication skills training).

☐ be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers such as team huddles or impromptu leadership discussions).

Additionally, I would ensure you provide clear instruction for what is required with electronic submission – such as described below.

If clinicians don't include what is needed, the CME Dept. would have every right to reject awarding credit.

After the activity, please collect attendance and learner change information for the activity and send it to the continuing education department in order for credit to be awarded. You can also list the attendees on the back of this form.

If you implement the Quick Tool for planning **Non-Clinical Topics** I recommend only CME staff complete it for this purpose, as you will still need to be directly involved in the planning, implementation and evaluation of the activity.

While non-clinical topics do not require collection of disclosure, they must still be planned according to the Standards/Criteria.

NON-CLINICAL DISCLOSURE STATEMENT?

Is there a financial disclosure statement that should be provided to learners for **non-clinical** program topics?

- No, accredited providers **do not** need to identify, mitigate, **or disclose** financial relationships for **non-clinical** topics.

With that said, I will note ISMA does includes the following statement for all-intensive purposes:

"There are no relevant financial relationships with an ineligible company to identify, mitigate or disclose because the content of this activity is non-clinical in nature."

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HOW ARE ARE THESE ACTIVITIES REPORTED IN PARS?

You would enter these activities the same as you do your other live CME courses. PARS does not differentiate. Your activity file is where you'll see the difference.

In the "description" section within PARS, I would insert that the activity was a Spontaneous Case Conversation.

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FOR EXAMPLE:

Activity Format: Live Course *(Would not be considered an RSS)*

Activity Name: Impromptu Case Discussion

Activity Description: Spontaneous Case Conversation

- *(followed by a list of the separate dates they occurred)*

Credit Hours: 4.0 *(i.e., Spontaneous conversations were 1 hour each)*

Total Learners: 4

Provide a description of the activity for learners. * ❓

Spontaneous Case Conversations, held:
3/15/24,
4/25/24,
5/9/24,
6/2/24

Max 2,500 characters

For which of the following credits is this activity certified?
How do I calculate this credit amount?

■ AMA PRA Category 1 Credit™

4

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MORE PARS DETAILS

ACTIVITY DETAILS

Impromptu Case Discussion

Activity ID 202794245   `Active`

Basics   Edit

Title
Impromptu Case Discussion

Activity Format
Live Course

Date
01/01/24 - 12/31/24

Location
Indianapolis, IN 46202 - United States of America

Information for Learners

Credit Types
AMA PRA Category 1 Credit™ - 4 Credits

Include on CME Passport
No

Activity Description
Spontaneous Case Conversations, held: 3/15/24, 4/25/24, 5/9/24, 6/2/24

Registration
Limited to certain participants

Accreditation Details

Internal ID
None

Providership
Directly provided

Outcomes
Learner Competence - Subjective measurement (e.g., self-reported)

Commercial Support
No

Which of the following outcomes will be measured? Select at least one. *

☑ Learner Competence
Learner shows how to do

　☐ Objective measurement (e.g., observed, tested)

　☑ Subjective measurement (e.g., self-reported)

☐ Learner Performance
Learner demonstrates in practice

Total Learners Reported

Physician:

Other Learners:

HOW MANY OF YOU HAVE BEGUN AWARDING CREDIT FOR
SPONTANEOUS
CASE CONVERSATIONS?

Can you tell us how it's going?

- Successes
- Pain Points

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ANY FINAL QUESTIONS?