Hello everyone, sunny days are here again and it’s great! As you can see from my picture above I am outside of our new building enjoying our new patio area which is really nice. For those of you that work here in Itasca I encourage you to take a few minutes, and this newsletter, and go outside to enjoy reading it at one of the new patio tables. For others, I hope you get a chance to visit us soon! Work has been continuing at our new location in Itasca and you will find a few more pictures of the recent additions to the building inside this newsletter.

The accreditation unit recently concluded its second biannual meeting of the year with our Committee on CME (COCME) members who joined us in Itasca. We had great discussions about the AAP CME program including accreditation and reviewing a 2017 overall program evaluation. In addition, a very informative update on AAP quality initiatives was presented by Judy Dolins and Vanessa Shorte and the Committee conducted a journal club discussion on several select educational articles. Summaries of all journal club articles, as well as other resources on educational planning and design, are posted at https://pedialink.aap.org/visitor/cme/about_aap_cme and we encourage all of you to review them and/or share with your planning members. Additionally, these journal club discussions are open to all staff who manage CME activities, and their planners, to attend so we will share future dates for these discussions as they become available. Finally, we want to thank all of you who responded to the short survey on your educational needs that the Committee conducted in May. As the Committee strives to be more of a resource to activity managers and planners, they reviewed the survey responses and have started to outline a plan to address these needs which you can read more about on page 3 of this newsletter.

In line with the Committee’s goal to be more of a resource, the accreditation unit remains available to assist you as you plan and implement your CME activities. We hope that our streamlined submission process launched this year is allowing you more time to enjoy this great weather, but if you have questions or have suggestions on how we can better assist you, please don’t hesitate to let us know. Already we have integrated new features to this edition of our newsletter that a few of you have suggested by incorporating a page to share best practices as well as a list upcoming CME events and we will continue to listen and support your CME efforts as we go forward.

Have a great summer!

Nikki

As always, feel free to share any feedback and/or ideas with accreditation staff on how we can better serve you and thank you for reading this edition of our newsletter.

Nikki (nberry@aap.org)
Chapter of the American Academy of Pediatrics

In this issue, we would like to spotlight the Alaska Chapter of the AAP. Hello Pacific North West.

The Alaska Chapter held its Annual Conference in May—Caring Kindly-Pediatric Pain Management. Dr Lou was my contact at the Alaska chapter. We worked together to ensure a compliant CME conference. It was my (Virginia) pleasure working with Dr Lou as well as meeting her during the district meetings held here at AAP-Itasca. We look forward to a continued relationship with the Alaska Chapter.

Thank you Existing Chapters
* California Chp. 1
* California District IX
* California Dist. IX-Chp. 2
* California Chp. 3
* North Carolina Chapter
* Oregon Chapter

AAP’s 2017 Annual Reporting—Recap

In order to maintain its accreditation status, the AAP must annually report every individual activity that it conducts and submit specific activity information to the Accreditation Council for Continuing Medical Education (ACCME). This information includes, but is not limited to:

- final income and expense figures
- final ad, exhibit, and/or financial grant figures
- final number of MD and non-MD participants
- evaluation information

As we continue to fulfill our obligation each year to the ACCME by submitting this required information, it’s with many thanks to those involved in this endeavor that helped make it happen once again for the report that was due in March of 2018.

We especially want to thank our Joint and Direct providers not only for the activities they manage each year, but for the dedication and hard work in providing the Accreditation Team with the requested information to report. Through it all, we are extremely grateful for your time and patience that you have put in to help us get the job done. We’re happy to report that the following information was submitted for the 2017 activities:

<table>
<thead>
<tr>
<th>The AAP Conducted 356 CME activities in 2017</th>
</tr>
</thead>
</table>
| 267 directly provided
| 89 jointly provided

<table>
<thead>
<tr>
<th>The AAP awarded 3,431.75 CME credits in 2017</th>
</tr>
</thead>
</table>
| 2,603 directly provided
| 828.75 jointly provided

<table>
<thead>
<tr>
<th>The AAP educated 511,441 learners in 2017</th>
</tr>
</thead>
</table>
| 261,407 MDs and 210,900 non-MDs for direct provided activities
| 38,703 MDs and 431 non-MDs for joint provided activities
Committee on CME (COCME) Survey Recap

Prior to the COCME’s July meeting, a survey was distributed to leaders, members, and staff of CME activity planning groups and editorial boards to seek information about the following:

- Their alignment with a few ACCME Commendation Criteria (Conducting Research, Communication Skills, and Technical and Procedural Skills),
- How the COCME can better support CME activity leaders in their CME planning and on which educational topics groups might be interested in receiving more information/guidance,
- Whether groups would be interested in a COCME member’s participation in an upcoming planning/editorial board meeting to discuss educational topics, and
- Whether they would be interested in participating in the COCME’s Journal Club discussion, which is scheduled as part of the committee meetings.

The COCME greatly appreciated the 68 planning group/editorial board leaders, members, and CME activity staff who completed the survey and provided valuable feedback. The COCME members are currently reviewing the survey results and exploring effective strategies for engaging with CME activity leaders and staff in the future. Also, over the coming weeks, the members will be following up with respondents that expressed interest in engaging with the COCME too.

Many thanks again to all who completed the COCME survey.

The Committee on CME (COCME) recently held its summer meeting and many exciting things were discussed. The committee members conducted article reviews with some members of planning groups/editorial boards participating in the reviews virtually, developed goals for the coming year, approved a Best Practices Guide to Learning as well as new monitor and attendee evaluation forms, and reiterated their support for an educational needs assessment. A bittersweet agenda item was saying goodbye to committee member, Zoey Goore. Zoey brought tremendous energy and enthusiasm to the committee as well as significant knowledge and experience in CME/CPD and the development of educational programming. We will miss her contributions, but wish her the best as she spends time with her family and new puppy, takes trips to Lake Tahoe, and, of course, enjoys her peanut butter. The good news is that she won’t be leaving us completely, as she has agreed to continue to participate in some of the committee’s ongoing activities.

Thank you again, Zoey!

Mike Foulds, MD, FAAP
Chairperson, Committee on CME
Happening's Around the AAP

CME/MOC Activities held at AAP Headquarters/Itasca.

HPV QI Training – May (Dr Laura Noonan) -left

Tobacco Cessation - April (Dr Susan Tanski) - right

Quality Improvement and Communication Training
May 4, 2018
Itasca, Illinois

KEY FEATURES OF QI

- Organizational commitment to quality
- Focus on the customer (patient or colleague)
- Foster teamwork and group problem solving
- Focus on systems, not individuals
- Ideas/changes from customers & front line staff
- Focus on small test of change
- Frequent, ongoing measurement and data-driven decision making
- QI is a never-ending process. It’s continuous.
- It should help staff, not hinder

WELCOME
Asking the Right Questions
Clinicians & Tobacco Cessation in the Clinical Encounter

Virginia Roldan – AAP (left)
Candace Grimm – Oregon Chapter (right)

Sally Mandell, PPC Manager (left)
Deborah Samuel, Director Div. of CME (right)
AAP 1st Floor Wall Art Quote
“It should be our aim to discover neglected problems and, so far as in our power, to correct evils and introduce reforms.” Isaac Abt, MD, FAAP – First AAP President

Wall Art: “There can be no keener revelation of a society’s soul than the way in which it treats its children.” Nelson Mandela

Above: Lobby/Entrance to AAP
Pearls from the Society for Academic CME (SACME)

Meeting 2018

VISIT: www.sacme.org

- When developing CME/CPD programs, we should always consider the short to long-term outcomes and how those could be measured.
  - Short term: measure change in knowledge, attitude, and skills.
  - Mid-range term: measure change in behavior, practice, and decision-making.
  - Long-term: Measure changes in patient and population health and conditions.
  
  These constitute the results of one’s CME/CPD program.

- Musicians practice consistently, with their actual performance time being relatively limited in comparison to how much time they invest in practicing. Tennis professionals engage in deliberate practice time with a coach. **How could medical training be more timely and relevant to what physicians will be doing in practice? Is there a need for medical coaches?** While the perception in medicine is that having a coach is negative, in other careers, it’s not viewed that way. **How can CME/CPD (CME providers) serve that role over the course of one’s practice/career?**

- Engaging patients as CPD partners - There are different ways and levels for involving patients in CME/CPD. One can obtain feedback from patients, include them in a practice intensely, invite them to share their experiences as part of the education, ask them to participate in a co-teaching role or to co-create a course, empower them at an institutional level with contributions to decision-making about education, evaluation, or curriculum development. **Collaborate with patients. “Co-create” content together.**

- CPD offices will be replacing faculty development. CPD professionals will be the ones expected to provide instruction on evidence-based teaching. **If we don’t know the evidence, we need to learn it.**

- Not all CPD professionals are clinicians. When CPD professionals are in a room with clinicians, there are some things that they know that “we” don’t know. Likewise, “we” also know there are things we know that clinicians don’t! **CPD professionals (we) should not be intimidated by the challenges that lie ahead!**

- Not all who are engaged in interprofessional education (nurses, physical therapists, physician assistants, etc.) are at the novice level. Everyone can and does contribute to the care of the patient.

- Medical students at the novice level have a unique perspective. They often can best identify/ask why certain practices are done a certain way. Even someone at the novice stage has insights and can contribute in CME; he/she may be more “expert” than experts at some things. **Putting novices in the teacher role for some education would be positive.**

- Just because someone is in the CME meeting room doesn’t mean they are learning and will be able to apply learning to practice. We have to help people unlearn and relearn, and our educational environments are not always effective with that. **To be part of the solution, we have to change too.**

- CME/CPD providers should look at how we are providing more feedback to learners, how we are creating mentored environments, driving meaningful change, fostering quality and patient safety. In a way we pursuing and accomplishing these goals across the continuum of undergraduate medical education, graduate medical education, and CME? **How are we fostering faculty development and meaningful learner self-assessment?**

We would like to acknowledge AAP Life Support Staff members, Thad Anderson, who presented a poster on “E-simulation incorporated into the Neonatal Resuscitation Program (NRP),” and Rachel Poulin, who presented a Best Practices presentation entitled “The learning is in the doing: An evolution of instructor training from lecture to practice,” at the SACME meeting.

Updates from IACME Annual Meeting June 2018

VISIT: http://www.iacmeonline.org

IACME’s goal is to be the Professional Home for Members

Graham McMahon, M.D., MMSc, ACCME President & CEO—Keynote Speaker—Dr McMahon discussed ACCME Web Updates for submitting documentation for reaccreditation

Organizational Savvy—Catherine Stakense, MA, Sr. Director of Organization Development, ASCP

IACME partnered with ASCP to offer the online professional development course - Organizational Savvy Members were given FREE access to this online course, prior to the meeting (flipped classroom style). Discussion centered on leading by example (bullets points below)

⇒ Have a discussion (get input) with your team on how a goal should be accomplished, rather than telling your team how to do it
⇒ Stop blaming - FOCUS — on the PROBLEM NOT the PERSON
⇒ Poor self-awareness leads to complacency and overconfidence

Leadership Principles and Practices—Sandy Reese—RCC

Sandy provided great pointers on team leadership styles, how traits balance each other out (Creative Competencies vs Reactive Styles).

⇒ Learning your own style can make you aware on how to balance these principles. Be more aware of personal behaviors that contribute to creative competencies and reactive styles. As always keep lines of communication open…Use More WE - Less I.
CME Toolbox for MOC Part 2
Giving you the tools you need, to build a compliant CME/MOC Part 2 activity!

SnapShot of Process for the designation of CME and MOC Part 2 credit through the AAP Accreditation Unit

**Step 1:** Meet with a member of the accreditation unit. Open lab times occur every Tues & Thurs mornings, no appointment needed. Outside of open lab times, individual meetings can be scheduled (for joints) with the accreditation coordinator. Phone calls are acceptable. During this initial meeting we will discuss your activity and what documents will be required.

**Step 2:** Work with your planners to complete/submit abstract questions and attachments prior to submission deadline and define the evaluation assessment tool that will be used.

**Step 3:** Abstract submission and approvals

- **You:** submit completed abstract, attachments and MOC Part 2 evaluation assessment tool
- **Accreditation:** will review all materials for CME/MOC Part 2 approval within 30 days of submission which includes validation of the evaluation assessment tool for MOC Part 2 points and/or ensure required AAP evaluation questions are included for CME credit, will provide approval notices that include templates for required documents that you must distribute at your activity (ie. verification requirements, certificate, participant template, etc), will send requests for any missing/incomplete/incorrect documentation that you need to submit before activity launch
  
  ***FYI CME credit approval is a prerequisite for the designation of MOC Part 2 points.***
  
  ***CME credits are based on content and the time learners spend on that content (hours). HOWEVER, MOC Part 2 points are based on the assessment tool and the content that is being assessed.***

**Step 4:** Approximately 10 days before activity launch date, pre-launch touch base occurs. You participate/respond to accreditation outreach at this time, be prepared to address/edit/incorporate any final compliance related items that are shared with you.

**Step 5:** Launch, you ensure that each participant receives verification requirements before they participate in the activity, ensure each participant gets a CME certificate at the conclusion of the activity, ensure each participant has been advised on how to complete the evaluation assessment tool for MOC Part 2 points and you collect full name, ABP ID, DOB (mm/dd) for each person wanting MOC Part 2 points.

**Step 6:** Participant Data

- **You:** once all applicable learners have received their feedback, submit participant data (template provided by accreditation with approval notice) within 14 days of learner completion so accreditation can process MOC Part 2. Ensure template is completed and only participants who meet the minimum passing standard that you set for your activity are indicated for MOC Part 2 points on the template. You must also submit documentation of all evaluation assessment results and all feedback you provided to learners.

- **Accreditation:** process participant template within 2 weeks of receipt, learners will be added to AAP transcript tool for CME credit and transmitted to ABP for MOC Part 2 points

  - **Note:** if there are issues with transmitting participant data to ABP, those individual names will be sent back to you to resolve, you will need to contact the participant to ensure we have correct name/ID/DOB as listed on their ABP record

  - **Note:** if you are conducting a multi-year activity, a completed participant template (along with evaluation assessment results and feedback) will need to be provided monthly

  - **Note:** limited webservice activities will submit all documentation above to fulfill ABP audit requirements however participant data will not be processed through PARS

  - **Note:** all MOC Part 2 participant data that needs to be processed by end of year, should be turned in by December 1, no exceptions.

**Step 7:** Exit Interview, participate/respond to accreditation outreach at this time, be prepared to submit final activity totals/documents

**Step 8:** Annual Reporting, participate/respond to accreditation outreach at this time, be prepared to submit final figures and any missing documentation. FYI, annually, specific activity data needs to be submitted to our accreditation provider for every activity that awards CME credit in the calendar year.
CME Toolbox

Giving you the tools you need, to build a compliant CME activity!

New AAP Required Evaluation Questions

As you know, the COCME, our oversight committee, recently released a new set of evaluation questions that they will use to conduct their overall program review. These evaluation questions allow us to determine if the AAP CME program is achieving success in changing learners’ competence and/or performance, review what kind of changes learners are self-reporting as a result of participating in AAP CME activities, and provide evidence that our activities are compliant for our accrediting agencies.

Because we need to be able to record this information for every activity, it is a requirement for all activities that award CME credit to include these questions, verbatim, in their evaluation tools. Additionally, all evaluation responses should be reported to us using number of responses versus percentage of responses. You can provide us with both, but please note it is the number of responses that we need in order to conduct various calculations across the CME program. We are appreciative of your efforts as following these steps enables us to have consistent data across all of the activities that the Academy produces.

These new questions were distributed to all activity managers back in May for activity managers to start incorporating into their activities and allow time for transitioning. All activities launching January 1 must have these questions in place in order to receive CME approval so if you need a copy of these questions, or foresee any issues with implementation, please feel free to contact us.

Employees of Commercial Interest Prohibited?

Yes, as you should know, employees of ACCME-defined commercial interest are prohibited from participating in the planning and delivery of AAP CME activities except in very specific circumstances:

1) reporting about research and discovery;

2) demonstrating the operational aspects of the use of a device; and

3) controlling content that is not related to the product lines of the commercial interest.

If an employee is not participating within one of these 3 circumstances then they cannot play a role in your CME activity and remember this applies to both the individual and/or their spouse/partner.

AAP must demonstrate compliance every time an employee of a commercial interest is involved in an accredited activity so if you have an employee of a commercial interest involved with your activity YOU MUST complete an additional form which outlines this person’s role and provides evidence that they are only participating within the specific parameters listed above. If you have questions or need a copy of this form please do not hesitate to let us know.

Faculty Evaluations

In an effort to provide more resources for activity managers, the COCME developed a faculty evaluation tool that activity managers can incorporate into their activity. This tool will allow you to collect attendee feedback on how they feel faculty performed in the activity so your planners can better assess the learning that occurred and effectiveness of the faculty. Please let your accreditation coordinator (Virginia Roldan) know if you would like a copy of this tool.
Next bi-annual touch-base meetings with accreditation staff will occur in December 2018. Accept your meeting invitation :) 

Got Questions? CME open lab occurs every Tues & Thurs 9:30-11:30am in CR341. No appointments are necessary so feel free to stop by with any CME questions.

The Benefits of AAP Credit

1. The designation of AAP Credit ensures that the educational activity has been planned by, and appropriate for, pediatricians to enhance their knowledge and skills.
2. Activities receiving AAP Credit are listed in the AAP CME Finder at www.pedialink.org in the AAP Approved Credit CME Activities area. This provides visibility for an organization’s educational activities.
3. AAP Fellows and Candidate Members who participate in AAP approved or sponsored CME activities may claim those credits towards the AAP CME/CPD Award. This award is granted to Fellow and Candidate Member pediatricians who complete at least 150 credits over a 3-year period.
4. Contact Katherine McCaskill at 630/626-6274 or at kmccaskill@aap.org for AAP Credit information. FYI, AAP Credit Application Fee will increase to $450 starting

Best Practices for Planning Group Members…what’s their role?

⇒ Identify and characterize a problem that will be addressed by the curriculum – whom does the problem affect and what does the problem affect?
⇒ Discuss current practice – what is currently being done about the problem now
⇒ Discuss best practice - what is the ideal approach to the problem
⇒ Type of need – why is there a gap – knowledge, competence, performance
⇒ Develop learning strategies based on their target audience
⇒ Determine characteristics of the learning environment
⇒ Define the goals – desired result
⇒ Write learning objectives that are specific and measurable that will direct content, learning methods and evaluation
⇒ All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
⇒ Ensure all scientific research referred to, reported, or used in a CME activity in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
⇒ Ensure activity content does not promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. The AMA’s definition of CME is “continuing medical education 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”.
⇒ Ensure activity promotes improvements in health care, not the proprietary concerns of commercial interests
⇒ Ensure activity gives a balanced view of therapeutic options
⇒ Ensure activity content follows HIPAA and copyright guidelines and commercial support

Contact Us

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Thank you for your time and attention to this message. We look forward to circulating another CME accreditation update newsletter in 2019!
Listed below are some upcoming activities designated for credit by the American Academy of Pediatrics.

<table>
<thead>
<tr>
<th>Title</th>
<th>Providership</th>
<th>Activity Type</th>
<th>Activity Start Date</th>
<th>Activity End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurricanes and Storms: From Preparedness to Recovery, Strategies for a Brighter Future</td>
<td>Direct</td>
<td>Internet Activity Live / Live Webinar (Online/web-based)</td>
<td>8/8/2018</td>
<td>8/8/2018</td>
</tr>
<tr>
<td>Specialty Review in Pediatric Cardiology</td>
<td>Direct</td>
<td>Course / Live Activity</td>
<td>8/13/2018</td>
<td>8/17/2018</td>
</tr>
<tr>
<td>PREPP® The Course Indianapolis</td>
<td>Direct</td>
<td>Course / Live Activity</td>
<td>8/22/2018</td>
<td>8/26/2018</td>
</tr>
<tr>
<td>Oral Findings: Identification and Management</td>
<td>Direct</td>
<td>Internet Activity Enduring Material (Online/web-based)</td>
<td>8/28/2018</td>
<td>8/27/2021</td>
</tr>
<tr>
<td>Practical Pediatrics CME Course: New York</td>
<td>Direct</td>
<td>Course / Live Activity</td>
<td>8/31/2018</td>
<td>9/2/2018</td>
</tr>
<tr>
<td>11th Annual District VI Neonatology Meeting Controversies in Neonatal Clinical Care</td>
<td>Direct</td>
<td>Course / Live Activity</td>
<td>9/7/2018</td>
<td>9/8/2018</td>
</tr>
<tr>
<td>NC Pediatric Society 2018 Annual Meeting</td>
<td>Joint</td>
<td>Course / Live Activity</td>
<td>9/14/2018</td>
<td>9/16/2018</td>
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<tr>
<td>Nevada Chapter AAP 11th Annual Meeting</td>
<td>Joint</td>
<td>Course / Live Activity</td>
<td>9/15/2018</td>
<td>9/15/2018</td>
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<tr>
<td>Pediatric Musculoskeletal Boot Camp for Primary Care Providers - Chicago</td>
<td>Direct</td>
<td>Course / Live Activity</td>
<td>9/29/2018</td>
<td>9/29/2018</td>
</tr>
<tr>
<td>Pediatric Musculoskeletal Boot Camp for Primary Care Providers - Hershey</td>
<td>Direct</td>
<td>Course / Live Activity</td>
<td>9/29/2018</td>
<td>9/29/2018</td>
</tr>
<tr>
<td>Practical Pediatrics CME Course: Williamsburg</td>
<td>Direct</td>
<td>Course / Live Activity</td>
<td>10/19/2018</td>
<td>10/21/2018</td>
</tr>
<tr>
<td>Aloha Update: Pediatrics® 2018</td>
<td>Joint</td>
<td>Course / Live Activity</td>
<td>10/20/2018</td>
<td>10/26/2018</td>
</tr>
<tr>
<td>San Diego Pediatric School Health Conference</td>
<td>Joint</td>
<td>Course / Live Activity</td>
<td>10/27/2018</td>
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</tr>
<tr>
<td>2018 National Conference and Exhibition - Orlando</td>
<td>Direct</td>
<td>Course / Live Activity</td>
<td>11/2/2018</td>
<td>11/6/2018</td>
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<tr>
<td>40th Annual Las Vegas Seminars</td>
<td>Joint</td>
<td>Course / Live Activity</td>
<td>11/15/2018</td>
<td>11/18/2018</td>
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<td>DB-PREP An Intensive Review and Update of Developmental-Behavioral Pediatrics</td>
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<td>Course / Live Activity</td>
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<td>12/2/2018</td>
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<tr>
<td>Practical Pediatrics CME Course: Scottsdale</td>
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