Edward-Elmhurst Healthcare is accredited by the Illinois State Medical Society to provide continuing medical education for physicians.

**PART ONE: Identify a Program/Activity Need**

**Planner(s) Identify a Need for a Program/Activity**

1. **Topic(s) of Program – What is the program/activity going to be about?**
2. **The most important determination of a credit granting CME program/activity is why the program is needed, wanted, or requested.** The planner should be prepared to have a paragraph on what gap will be fulfilled by holding this program/activity. Some examples are listed below for reference:

   "The rapid technological developments of the past decade and the changes in echocardiographic practices brought about by these developments have resulted in the need for continual education. Edward-Elmhurst Health takes pride in delivering the best patient care possible and in order to provide the best service, Edward-Elmhurst Health Cardiovascular Services believes in the continuing education of physicians, sonographers, and hospital staff on cardiovascular pathology as it relates to 2D echocardiograms. Echo Education conferences allow EEH to stay current with cardiac advances as they arise thereby improving the care of patients and their outcomes using case presentations and discussion."

   "The Veterans Affairs (VA) health care system aims to provide high-quality medical care to veterans in the USA, but the quality of VA care has recently drawn the concern of government officials. The Senate voted Wednesday to give veterans more freedom to see doctors outside of the VA’s health care system, fulfilling a promise of President Donald Trump, who has said that veterans should be able to access private care whenever they’re dissatisfied with the VA’s options. These and other major changes are driving a new patient population for physicians. It will be imperative for physicians to know the differences in care that are essential for veterans that are different from the general population. This live activity is designed to address issues within the health system in order to better assist VA patients with resources as well as converse with veterans in way that allows providers to identify issues, tackle challenges, and attend to the special needs of veteran patient."

**PART TWO: Gather the Required Information for Program/Activity**

**Planner(s) Gather the Required Information Prior to Applying for Credit**

1. **Three topic objectives for each of the identified topics identified in PART ONE.** When writing objectives for topics, avoid using words like “know”, “understand” or “learn”. Instead utilize Bloom’s Taxonomy chart to choose measurable verbs like “Define, Explain, Distinguish between...” etc.
2. **Determine the length of time for each topic.** This determines the amount of credit that will be received.
3. **Name, e-mail address, phone number of principle planner(s).**
4. **Name, e-mail address, phone number of all speaker(s).** All speakers must be identified at the time of the application submission.
5. **Determine the type of program/activity that works best for your topic.** (Live, Recurring (Live, same program repeated several times), Online Video, or Live WebEx)
6. **Determine the date, location, and time for each presentation.** This is required in order to submit the application.
7. **Speaker(s) CV/Bio provided to the CME Department (separate from application).**
8. **Speaker(s) Photo provided to the CME Department (separate from application).**
9. **Any supporting documentation for the program/activity (meeting minutes, articles about new technology, medications, Q/A reports, etc.) provided to the CME Department (included with application).**
PART THREE: Apply for Continuing Medical Education Credit (CME)

Planner(s) Apply for AMA PRA Category 1 Credit™ Online

A NOTE ABOUT CREDIT: Edward-Elmhurst Health is accredited (with commendation) by the Illinois State Medical Society to provide Continuing Medical Education Credit to physicians. This consists of only AMA PRA Category 1 Credit™ and ABIM MOC Part 2 Credit (as part of an agreement between the American Board of Internal Medicine and the Accreditation Council for Continuing Medical Education (ACCME). Only physicians are eligible to be awarded AMA PRA Category 1 Credit™. The AMA defines physicians as those individuals who have obtained an MD, DO or equivalent medical degree from another country. No other healthcare providers may be awarded AMA PRA Category 1 Credit™. However, accredited CME providers, such as Edward-Elmhurst Health, may issue documentation of participation to non-physician participants that state the activity was certified for AMA PRA Category 1 Credit™. It is the responsibility of the non-physician provider to obtain his/her own certificate and track his/her own hours. CME accredited programs are only required to track and maintain information regarding physician credits.

1. Using the online CloudCME® application, the principle planner(s) provides all the information identified in PART TWO. Application cannot be submitted until all fields are complete.
2. Planner(s) complete the online disclosure.
3. Facilitator(s), Moderator(s), or others involved in the planning or presenting of any material complete the online disclosure.
4. Once the application has been filled in, the planner(s) notifies the speaker(s) that an online disclosure needs to be completed before the application can be submitted. Once the speaker(s) complete the required disclosure, the application button changes from Disclosures Required to Submit Application.
5. When all required disclosures have been collected and the application has been submitted, the planner(s) will be notified via e-mail by the system that the application has been scheduled for review.
6. The scheduled Program & Education Meeting dates are the 2nd Thursday every other month January, March, May, July, September and November. **If your meeting falls outside of that timeframe and you need immediate approval, you must notify the CME department prior to submitting the application to ensure that there are enough committee members available to review the application through the portal for a virtual approval. This is not the ideal approval process and will only be done in cases when absolutely necessary.**

If you are seeking credit other than AMA PRA Category 1 Credit™, you can reach out the following individuals for more information:
- Nursing Credit—Peg Cross x73934
- Social Work Credit—Liz Rudes x75710
- PT/OT Speech Credit—Karen Granato x76838

PART FOUR: Committee Approval

The Program & Education (P&E) Committee* Meets to Approve Applications

A NOTE ABOUT THE COMMITTEE: The Program and Education Committee is comprised of 24 committee members from Edward, Elmhurst, and Linden Oaks Hospitals that includes physicians, APNs, RNs, and administrative staff from a variety of backgrounds and specialties in order to provide a well-rounded knowledge base for review and approval of the various applications that present. It is the responsibility of the committee to ensure that the activities meet the standard set forth by the Illinois State Medical Society (ISMS) and the Accreditation Council for Continuing Medical Education (ACCME) for Continuing Medical Education (CME) and to ensure that all compliance regulations and policies are met.
are followed. It is also the mission of the committee to ensure that the System CME program supports the system’s commitment to improving health and patient care through quality evidence-based educational activities. This goal is accomplished by producing high quality education that increases the knowledge, competence and performance of physicians and other healthcare professionals. It is expected that participants in CME activities integrate what they learn into their practice to improve their competence and performance in areas of patient care, patient safety and professional practice. Participants are asked how they will apply their knowledge to reflect evidence based practice and quality improvement in the survey evaluations.

1. On the 2nd Thursday every other month (Jan, Mar, May, Jul, Sep, Nov) the P&E committee reviews the applications submitted through the CloudCME® application portal.

2. The committee assigns one of three endorsements: Approved as Submitted, Approved with Changes, or Denied. If a program is denied, the committee will provide a written explanation as to why the program/activity does not meet the requirements of a continuing medical education program/activity. If the program/activity is approved as submitted or approved with changes, the planner(s) and speaker(s) will be notified by official email of the approved objectives/changed objectives by the Tuesday following the Program & Education meeting date.

3. If your meeting falls outside of that timeframe and you need immediate approval, and the CME department has determined that it can pull enough committee members to obtain a virtual approval through the portal, you will be notified of approval within 7-10 business days from the date of submission providing there is no holiday(s) present during that time.

*See the list of committee member and dates for the year at the end of the instructions.

### PART FIVE: Activity Activation/Web Set-Up

CME Department Activity/Program Processing

1. After approval from the Program & Education Committee, the CME department will activate the program/activity in the CloudCME® portal and include on the CME Website (www.eehcme.org) on the Highlights page. This is where physicians are used to going to see what activities are coming up that include CME.

2. Activation in the portal includes the following:
   - The official notice or brochure that includes the approved objectives and the amount of *AMA PRA Category 1 Credit™* granted to the program/activity.
   - Description/Summary/Overview of the program/Activity on the portal/website.
   - Registration link on both sites.
   - Registration/attendance reports access.
   - Faculty page with photo and bio. *(using the info previously provided by the principle planner(s) during application process)*
   - Schedule/Agenda page outlining sessions, timing, etc.
   - CME department sends email through portal to all members that a new item has been added for review and registration.
   - QR Code activation *(Principle planner(s) will use this the day of event to document attendance).*
   - CME department will provide instructions to provide participations on how to use the CloudCME® portal.
PART SIX: CME Department Initiated Marketing

Marketing Initiated by CME Department

Note: Marketing of an event is dependent on timing of application. If timing does not allow for reasonable completion of marketing efforts, the CME department will not be responsible for using any or all of the listed options.

1. CME department will work with Medical Staff Office at both locations to send information out via DocBox to physicians and providers credentials through the Medical Staff Office. (This does not include nursing or allied health professionals that were not credentials through the EEH Medical Staff Office.)

2. Brochures and/or Notices are placed in physician lounges at both locations.

3. Physician Liaison staff are provided copies of notices and/or brochures to disseminate when visiting off-site locations.

4. If time allows, a mailing to credentialed physician offices can be scheduled to be completed through volunteer services.

PART SEVEN: Planner(s) Initiated Marketing

Additional Marketing Initiated by Activity Planner(s)

1. The planner(s) can utilize the following marking options. However it is the planner(s) responsibility to contact and follow-up on these or any other options.
   - MyEdward/MyElmhurst submission
   - Intranet Splash Page Request
   - Department specific distribution (i.e. to units or other physical locations within the hospitals or their off-site locations).
   - Med Staff Update
   - Physician Mailboxes
   - Nursing Administration for Nursing Staff/APNs

PART EIGHT: Registration/Attendance

Registration and Attendance Processing

All participants of any CME activity **MUST** register their attendance. Registration is set up by the CME department and is handled through the CloudCME® portal so that credit can be documented and included in transcripts and participants granted certificates.

1. It is the responsibility of the Principle planner(s) to monitor attendance/registration and will be provided access to view registrations, print meeting QR codes, and view final attendance reports.

2. The day of the event, it is the principle planner(s) responsibility to download and bring the QR code to the program/activity so that participants can document their attendance by either scanning using their smart phones or claiming credit using the Activity ID. The CME department will provide the QR Code template to use.

3. Instructions on how to claim credit and access evaluations and certificates are provided to the principle planner(s) prior to the program/activity. The planner(s) can choose to either send the instructions to registrants or bring copies to the program/activity.

Revised April 2019
PART NINE: Requests (Catering, A/V, Speaker, Special Requests)

Process Regarding Requests/Cancellations

Request of any kind including catering, A/V, speaker requests, WebEx, or any other special requests are the responsibility of the principle planner(s) or designee. The CME department staff does not handle A/V, Catering, or WebEx requests. For A/V, Room Set-up, Web-Ex requests please contact IT directly. For catering, please contact Food Service directly. If the CME is a budgeted yearly CME event, the funds from the CME Department budget (20-8681) can be used, however the planner will need to make arrangements with catering, IT, or other departments for services directly.

If the planned program/activity is not a budgeted CME event but includes exhibitors as part of the program, the funds collected from the exhibitors* for the cost of the tables can be used to pay for the resources out of the CME budget (20-8681) however the planner needs to make arrangements with catering, IT, or other departments for those services directly.

In the event a program is cancelled due to weather, low registration, or any other reason, it is the responsibility of the principle planner(s) to notify the attendees. The principle planner(s) will have access to registrant email addresses, however, registrants are not required to provide phone numbers, therefore if there are last minute cancellations, the principle planner(s) will be responsible for posting any signage and contacting the participants via email. The CME department staff will update the website and portal accordingly to reflect the cancellation, but are not responsible for contacting participants directly.

*Please see special rules for Exhibitors/Vendor Support.

PART TEN: Presentation Materials/Speaker(s) Process

Process Regarding Materials

The CME department no longer provides paper materials at any program/activity. This includes sign-in sheets, presentation copies, or handouts. If paper materials are required for any reason, it is the responsibility of the principle planner(s) to acquire and reproduce any paper materials.

1. Speaker(s) are required to turn in their materials at least 3 days prior to the event date so that materials can be uploaded to the attendee portal and included in the online syllabus and saved to the system shared drive.
2. The principle planner(s) are responsible for accessing the presentation the day of the event for the speaker(s) if they so request during the activity and to assist in securing any A/V requests/needs or assistance with technology at the program/activity.

PART ELEVEN: Post-Program/Activity Evaluations & Reports

CME Department Post-Activity Processing

Part of the accreditation requirements for CME is evaluations and a 25% evaluation response rate is the minimum requirement to comply with the standards. The system will automatically send all participants an evaluation which includes questions about how they will apply their knowledge to reflect evidence based practice and quality improvement. It is the expectation that participants comply with the requirements by completing the evaluation in a timely manner. No credits will be awarded to any participant’s transcript until they have completed their evaluation. The system will continue to remind non-compliant participants of their need to complete evaluations.
1. Once a participant completes an evaluation form, they are provided a link to download, print, or save their certificate. Credits are then applied to their online transcript.

2. Principle planner(s) have the opportunity post-activity to print a list of attendees and/or evaluation summaries to keep for their records.

3. Once the conference is complete and the evaluation period is over, the attendees and the evaluation summary information is provided to the Illinois State Medical Society (ISMS) as part of an EEH hosted activities report. The program/activity is then deactivated in the portal and removed from the website and marked complete in the audit files.

4. At any point, the ISMS has the authority to review the file for compliance and confirm that the standards for CME activities have been met.

**SPECIAL SECTION: EXHIBITORS/VENDOR SUPPORT**

**Can Vendors Supply Food for a CME Program?**

*This is a hard no!* Think of as the Sunshine Act. To avoid developing financial relationships between physicians and manufacturers of drugs, medical devices, biologics or any other commercial entities. We do not allow any vendors to support CME programs in this way. The CME program is dedicated to keeping education free of bias.

**Can Vendors Exhibit at a CME Program?**

*Yes.* Although, principle planner(s) are usually the primary contacts for vendors, the CME department is responsible for ensuring the exhibitors follow the strict rules set forth by the Illinois State Medical Society (ISMS) and the Accreditation Council for Continuing Medical Education (ACCME). If Planner(s) should choose to include vendors to exhibit at a program/activity, they will be individually by the CME department invited and required to register as an exhibitor, complete an online agreement, and adhere to the EEH exhibitor policies and procedures for CME activities. Exhibitors are required to pay for tables and are provided with 6’ tables at a cost of $500-$1,000 / table depending on the event. Exhibitors will be placed in a room separate from the educational event and required to remain in the area unless previously requested. If exhibitors do not comply with any of the requirements set forth in the agreement they will not be included in the final Exhibitor listing or layout and monies will not be refunded. If they are found to be out-of-compliance during the activity, they will be asked to leave and monies will not be refunded.

CONGRATULATIONS! You have completed a CME activity.

The following attachments are to assist with some of the terms and information outlined in the instructions.
### How do I know what kind of activity to plan?

*(Learning Method – Pg. 1 of application)*

<table>
<thead>
<tr>
<th>Courses/Internet Live Activities:</th>
<th>A “course” or “internet live activity” is a live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar.</th>
</tr>
</thead>
</table>
|                                  | *Lecture, Conference, or Seminar*  
Presentation of knowledge content which can be live, video, audio or slide presentations available to learners in a live and interactive environment. |
|                                  | *Skill Based Training*  
Addresses skill, knowledge and attitudinal objectives. Generally refers to a preceptorship or observership with an expert in the field. |
|                                  | *Simulation*  
Addresses skill and/or knowledge objectives and can be presented live, or with video/audio. Simulation is a teaching technique in which the learner practices in a situation that mimics a real-life event. |
|                                  | *Case-based Learning*  
Addresses higher order knowledge and skill objectives. Actual or authored clinical cases are presented to highlight learning objectives. Clinical material is presented and followed with questions and often is held in a multi-disciplinary setting. |
|                                  | *Small Group Discussion*  
Addresses knowledge, especially application or higher order knowledge and usually requires preparation with readings or other experience such as viewing a video or role-play. |
|                                  | *Panel Discussion*  
Addresses higher order knowledge and skill objectives. A formal discussion before an audience for which the topic and speakers have been selected in advance based on expertise. Allows for question and answer (Q&A) from participants. |
| Regularly Scheduled Series (RSS): | A course is identified as a regularly scheduled series (RSS) when it is planned to have a series with multiple sessions that occur on an ongoing basis (offered weekly, monthly, or quarterly) and are primarily planned by and presented to the accredited organization’s professional staff. Examples of activities that are planned and presented as a Regularly Scheduled Series are Grand Rounds, Tumor Boards, Case Reviews and Selection, and M&M Conferences. |
|                                  | *Case-based Learning*  
Addresses higher order knowledge and skill objectives. Actual or authored clinical cases are presented to highlight learning objectives. Clinical material is presented and followed with questions and often is held in a multi-disciplinary setting. |
|                                  | *Small Group Discussion*  
Addresses knowledge, especially application or higher order knowledge and usually requires preparation with readings or other experience such as viewing a video or role-play. |
How do I know what the gap is and how to do a needs assessment?

(The Gap/Needs Assessment – Pg. 1 of application)

The gap is the difference between current practice (what is) and the ideal, evidence-based best practice (what should be). A needs assessment is a systematic process of gathering information that is appropriate and sufficient to develop an effective educational program that will address the participant’s needs (gap). Methods that are frequently used for determining a needs assessment include the following:

- Patient care requirements, chart reviews, practice reviews
- Request from medical staff committees, evaluation from prior learning activity, or survey of potential audience
- Changes in legislation or reimbursement
- Review of current professional literature
- Recent trends in patient population
- Others including: QI data, Morbidity and Mortality data, new methods of diagnosis or treatment, new technologies.

The “gap” is a broad description of what the planner determines to be a “gap” in knowledge, skills, or practice. For example:

GAP: “The 30-day mortality rate for heart attack at Edward Elmhurst is higher than the national 30-day mortality rate.”

Knowing this, the planner then determines how it is known to write the needs assessment portion of the application. For example:

NEEDS ASSESSMENT: “A retrospective study of discharge orders showed that, despite hospital protocol, an aspirin regimen was not always included. A survey of hospital staff also indicated the discharge orders are not always clearly explained to patients. A retrospective study of follow up appointments showed a high number of no-shows. There was a strong correlation between these missed appointments and increased mortality.”

The objectives should close the identified gap. The examples above identified three deficiencies. (1) Incomplete discharge orders, (2) poor communication of discharge orders to patients, and (3) poor showing to post-discharge follow-up appointments. These can then be turned into objectives. For example:

OBJECTIVES: Upon completion of this live activity, participants should be able to:

1. Provide complete discharge orders as indicated by hospital policy
2. Clearly communicate discharge instructions to their patients
3. Identify ways to encourage patients to follow-up post discharge.

The needs assessment and the objectives always go hand-in-hand. Review page 7 for specific instructions on writing learner-centered, behavioral objectives.
How do I write objectives for my activity?

(Learning Objectives – Pg. 2 of application)

The following instructions will assist you in writing meaningful objectives for a CME activity. If you need assistance composing or developing specific objectives, please feel free to contact any member of the CME Department or program chair, Dr. Susan Fedinec.

If you are ready to write objectives then you should have decided the following:

- The educational topic
- Why this topic is necessary and relevant
- A title for the activity
- Which providers you feel would benefit from this topic

The key to writing meaningful objectives is determining (based on the information listed above) what you want the participants to be able to DO after the activity. In other works you’re looking for an action that the participants will take after learning. The participants should be able to show that learning has occurred. The best way to write learner-centered, behavioral objectives is to picture what one of your audience members should be able to do after attending your activity. For example:

1. Do this...knowledge
2. Do that...comprehension
3. Do another thing...application

Replace DO with an action verb and its object. It must be measurable in that the participant can perform what is being asked.

1. Identify this....
2. Describe that....
3. Utilize another thing...

Following is a list of verbs to be used in writing learner-centered, behavioral objectives based on what you want the participant to accomplish.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Comprehension</th>
<th>Application</th>
<th>Analysis</th>
<th>Synthesis</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define</td>
<td>Describe</td>
<td>Dramatize</td>
<td>Analyze</td>
<td>Arrange</td>
<td>Appraise</td>
</tr>
<tr>
<td>List</td>
<td>Discuss</td>
<td>Employ</td>
<td>Appraise</td>
<td>Assemble</td>
<td>Assess</td>
</tr>
<tr>
<td>Name</td>
<td>Explain</td>
<td>Illustrate</td>
<td>Calculate</td>
<td>Collect</td>
<td>Choose</td>
</tr>
<tr>
<td>Recall</td>
<td>Express</td>
<td>Interpret</td>
<td>Compare</td>
<td>Compose</td>
<td>Compare</td>
</tr>
<tr>
<td>Record</td>
<td>Identify</td>
<td>Operate</td>
<td>Debate</td>
<td>Create</td>
<td>Evaluate</td>
</tr>
<tr>
<td>Repeat</td>
<td>Locate</td>
<td>Practice</td>
<td>Differentiate</td>
<td>Design</td>
<td>Judge</td>
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<td>Report</td>
<td>Schedule</td>
<td>Distinguish</td>
<td>Formulate</td>
<td>Measure</td>
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<td></td>
<td>Restate</td>
<td>Translate</td>
<td>Examine</td>
<td>Manage</td>
<td>Rate</td>
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<tr>
<td></td>
<td>Review</td>
<td>Use</td>
<td>Inspect</td>
<td>Organize</td>
<td>Revise</td>
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<td></td>
<td>Demonstrate</td>
<td>Question</td>
<td>Plan</td>
<td>Score</td>
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<tr>
<td></td>
<td>Perform</td>
<td>Relate</td>
<td>Propose</td>
<td>Select</td>
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</tr>
<tr>
<td></td>
<td>Apply</td>
<td>Solve</td>
<td>Utilize</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised April 2019
How do I know what desirable physician attributes to address?

(Desirable Physician Attributes – Pg. 2 of application)

Desirable Physician Attributes are national standards that all practicing physicians should have. (See chart below for a table of the most commonly used Desirable Physician Attributes.) By achieving the objectives in the activity, physicians should also have improved in at least one of the designated physician attribute areas. Physicians who attended this activity should have learned and improved in the area designated on the application. For example, if you indicated “medical knowledge”, the physician should improve in the area of established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge should be applied to patient care. Use the following table with descriptions to determine which attributes best apply to your learning activity.

<table>
<thead>
<tr>
<th>Institute of Medicine Core Competencies</th>
<th>ACGME/ABMS Competencies</th>
<th>ABMS Maintenance of Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide patient-centered care – identify, respect, and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health</td>
<td>Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</td>
<td>Evidence of professional standing, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.</td>
</tr>
<tr>
<td>Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable</td>
<td>Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care</td>
<td>Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning.</td>
</tr>
<tr>
<td>Employ evidence-based practice – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible</td>
<td>Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care</td>
<td>Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues such as ethics and professionalism.</td>
</tr>
<tr>
<td>Apply quality improvement – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality</td>
<td>Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals</td>
<td>Evidence of evaluation of performance in practice, including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.</td>
</tr>
<tr>
<td>Utilize informatics – communicate, manage, knowledge, mitigate error, and support decision making using information technology</td>
<td>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population</td>
<td></td>
</tr>
</tbody>
</table>
How do I know if I want ABIM MOC credit?

(ABIM MOC Credit – Pg. 1 of application)

**Easy Answer:** Do you have physicians attending your program/activity that are certified by the American Board of Internal Medicine? If yes, you probably want MOC credit.

The ACCME (Accreditation Council for Continuing Medical Education) and the ABIM (American Board of Internal Medicine) have worked together to enhance the functionality of the ACCME’s reporting system to allow CME providers to register activities that are relevant to those seeking MOC (Maintenance of Certification) points. The collaboration was developed in an effort to expand the number and diversity of accredited CME activities that offer ABIM MOC points, and to streamline the process for registering CME activities in ABIM’s MOC program. The collaboration was developed in response to requests from physicians and accredited CME providers.

If the activity’s target audience includes five (5) or more physicians that are ABIM certified, it is worth the extra responsibility to apply for ABIM MOC credit since there is value and benefit for both the planner and the participant.

**Benefits & Value**

The specialty board Maintenance of Certification (MOC) programs requires that you earn MOC points every two years to be reported as part of maintaining your specialty licensure. By offering ABIM MOC credit it gives the physician an opportunity to earn MOC points for programs offered by Edward-Elmhurst Health. Accredited providers are required to submit learner completion data for each activity registered as meeting ABIM’s Medical Knowledge Assessment Recognition Program requirements via PARS. When participant completion data is submitted, ABIM will verify the submission of the participant’s **ABIM ID and birth date**, and if verified the participant record status will be updated within 24 hours of submission (i.e. it automatically shows up on their individual ABIM page).

By offering ABIM MOC credit, participants may be more inclined to attend the activity. There is only one extra form that is required to provide ABIM MOC credit. For specific requirements, talk to an EEH CME department representative.

**What is required of the Planner(s) for MOC Credit?**

To ensure that participants get credit, physicians will need to go into their profile and include their ABIM #. This will need to be communicated to them during the marketing process by the principle planner(s) and the CME department and again during the program/event. It is the responsibility of the principle planner(s) to communicate this to participants the day of the event. **Any participants that do not provide their ABIM # and their birth date in their profiles will not be granted MOC credit.**