



GLOSSARY OF TERMS

Accreditation	The standard, three-year term awarded to accredited CME sponsors that meet the appropriate AOA/ACCME requirements. Accreditation is awarded by the AOA Council on Continuing Medical Education (Osteopathic credits) and the Accredited Council for Continuing Medical Education (Allopathic credits).
Attestation Form	A document/form provided by the CME provider to activity attendees that they will sign – indicating the number of credits attended for each CME activity.
CME Sponsor	An institution, organization or affiliate that is accredited by the AOA Council on CME or ACCME to present programs that qualify for AOA-CME Category 1 credit or AMA PRA Category 1 Credit.
CME Provider	An organization, which is not, itself, a recognized AOA Category 1 CME sponsor, but is authorized to offer AOA approved Category 1 CME under the direction and approval of a recognized AOA Category 1 CME sponsor.
Commercial Support	<p>CME activities are often supported by non-accredited commercial organizations. While this support can contribute significantly to the quality of CME activities, accredited CME providers are required to ensure that the activities are free of commercial bias for/against any products. If information about commercial products is presented in an activity, it must be done objectively, based on scientific methods generally accepted in the medical community. The standards in commercial support are below:</p> <ul style="list-style-type: none">• There must be a formal written letter of agreement between the CME Sponsor and each commercial supporter reflecting that the program is education and non-promotional. Letters of agreement from funding organizations are acceptable, if they contain all the information the CME Sponsors form letter requires.• Acknowledgement of commercial support must appear in announcements and brochures.• Documentation must be provided that describes all funding arrangements, including how funds are received, expended, and how speakers were paid.• Disclosure information regarding each speaker must be given to the participants.• Commercial exhibits must be separated from educational sessions and obligate pathways.• Additional information on the AOA and ACCME standards for commercial support can be found on their websites.
Conflict of Interest	The AOA/ACCME considers financial relationships to create conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME-an incentive to insert commercial bias.
Continuing Medical Education	CME consists of educational activities that 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. The content of t CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

<p>Core Competencies</p> <p><i>American Osteopathic Association (AOA)</i></p> <p><i>American Board of Medical Specialties (ABMS)</i></p> <p><i>Accreditation Council for Graduate Medical Education (ACGME)</i></p>	<ol style="list-style-type: none"> 1. Patient Care – provide care that is compassionate, appropriate, and effective treatment for health problems and to promote health. 2. Medical Knowledge – Demonstrate knowledge of established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and their application to patient care. 3. Practice-based learning and improvement – Show an ability to investigate and evaluate patient care, appraise and assimilate scientific evidence, and improve the practice of medicine. 4. Interpersonal and communication skills – Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader). 5. Professionalism – Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations. 6. System-based practice – Demonstrate awareness of and responsibility to the larger context and systems of health care. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites). 7. Osteopathic Philosophy/Osteopathic Manipulative Medicine – <i>Demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT appropriate to their specialty; and remain dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulate medicine. ***AOA only***</i>
<p>Core Competencies</p> <p><i>Institute of Medicine (IOM)</i></p> <p><i>National Academy of Medicine (NAM)</i></p>	<ol style="list-style-type: none"> 1. Provide patient-centered care – Identify, respect, and care about patients’ differences, values, preferences, and expressed needs; clearly inform, communicate with, and educate patients; continuously advocate disease prevention, wellness, and promotion. 2. Work in Interdisciplinary teams – Cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable. 3. Apply Quality Improvement – Identify errors and hazards in care; understand and implement basic safety design principles such as standardization and implications; continually understand and measure quality of care in terms of structure, process and outcomes in needs; and design and test interventions to change processes and systems of care, with the objective of improving quality. 4. Utilize informatics – Communicate, manage knowledge, mitigate error, and support decision-making using information technology. 5. 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.
<p>Core Competencies</p> <p><i>Interprofessional Education Collaborative (IPEC)</i></p>	<ol style="list-style-type: none"> 1. Values/Ethics – Work with individuals of other professions to maintain a climate of mutual respect and shared values. 2. Roles/Responsibilities – Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. 3. Interprofessional Communication – Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. 4. Teams and Teamwork – Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

Co-sponsored Activity	A CME activity presented by two or more accredited sponsors. One of the accredited sponsors must take responsibility for the activity in terms of meeting CME requirements and reporting activity data to the accrediting agencies.
Course/Conference/Program	A live CME activity where the learner participates in person and which is planned on a one-by-one basis and designates credit as a single activity.
Credit	The “currency” assigned to CME activities. Physicians and other health care professionals’ need credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. The requirements for credit designation are determined by the organization responsible for the credit system.
Desired Learning Outcomes	<p>The “Overall Purpose/Goal(s)”</p> <p>All CME activities should strive to increase competence, improve behavior and/or improve patient outcomes. The purpose should be to close the gaps of your learners. The activities desired results should directly link back to the cause of the practice gaps. Questions to ask when identifying desired results:</p> <ul style="list-style-type: none"> • What new abilities/strategies do we want learners to gain? • How can we help learners modify their practice? • How can we help learners improve their patient outcomes? <p>A learning outcome is written as a statement that reflects what the learner will be able to do as a result of participating in the educational activity. It must be observable and measurable. It addresses the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap and achieving this outcome results in narrowing or closing the gap.</p> <p>Examples:</p> <p>Improved knowledge: Demonstrate knowledge of evidence-based treatment for hypertensive patients.</p> <p>Increased competence: Correctly identify required actions to manage patients in hypertensive crisis.</p> <p>Increased performance: Utilize an evidence-based protocol for treatment of patients in hypertensive crisis.</p> <p>Increased patient outcomes: Implement strategies to reduce patient length of stay.</p>
Enduring Materials	CME activities that are printed, recorded, or accessible online and do not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity.
Faculty Development Programs	<p>Faculty Development refers to those programs which focus on the individual faculty member. The most common focus for programs of this type is the faculty members as a teacher. Faculty development specialists provide consultation on teaching, including class organization, evaluation of students, in-class presentation skills, questioning and all aspects of design and presentation. They also advise faculty on other aspects of teacher/student interaction, such as advertising, tutoring, discipline policies and administration.</p> <p>A second focus of such programs is the faculty member as a scholar and professional. These programs help in career planning, professional development in scholarly skills such as grant writing, publishing, committee work, administrative work, supervisory skills, and a wide range of other activities expected of faculty.</p> <p>A third area of focus is the faculty member as a person. This includes wellness management, interpersonal skills, stress and time management, assertiveness development and a host of other programs which address the individuals’ well-being.</p>

Grand Rounds	Grand rounds are in an important teaching tool and ritual of medical education and inpatient care, consisting of presenting the medical problems and treatment of a particular patient to an audience consisting of doctors, residents, and medical students. They help professionals keep up to date in important evolving areas which may be outside of their core practice. Most departments at major hospitals will have their own specialized, often weekly, Grand Rounds. Grand rounds tend to present the bigger picture including experience with patients over many years.
Internet live activity	An online course available at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may participate in that activity and obtain AOA category 1-B.
Joint sponsorship	Sponsorship of a CME activity by one accredited and one non-accredited organization. The accredited sponsor must take responsibility for a CME activity when it is presented in cooperation with a non-accredited organization and must use the appropriate accreditation statement.
Journal-based CME	An activity that includes three phases: the participant reads an article in print or in a format adapted for special needs, engages in a self-directed phase stipulated by the accredited sponsor that may include reflection, discussion, or debate about the article, and completes a pre-determined set of questions or tasks related to the article content.
Learning Objectives	<p>The “How”</p> <p>These are the solutions to address the need and help close the gap. Objectives show what changes are anticipated (in knowledge, competence, performance or patient outcomes) as a result of the activity.</p> <p>Questions to ask:</p> <ul style="list-style-type: none"> • What should the learner be able to accomplish as a result of attending this activity? • What should the learner be better able to do as a result of attending this activity? <p>Objectives must relate back to the practice gaps, educational needs, and learning outcomes previously identified. They must start with an action verb (define, review, assess, compare, integrate, develop, implement, apply, diagnose).</p> <p>The ACCME requires a minimum of three overall objectives for AMA PRA Category 1 credit that relate to at least 90% of presentation topics, the AOA requires learning objectives for each individual presenter/faculty/speaker lecture.</p>
Needs assessment	<p>Every CME activity must be planned and designed to meet a need for continuing medical education that is identified because of a needs assessment process. A statement of need must be developed for each activity based on the results of that process. The statement must be printed on course description, promotional materials, and on the syllabus/activity handouts. There are many ways to conduct a needs assessment, but each activity must use a least two of the methods listed below:</p> <ul style="list-style-type: none"> • Expert opinion • Previous participant evaluations • Literature review/reports • Faculty/clinical staff perception • Medical audits • Patient surveys; clinical or patient care indicators • New techniques or materials • Industry sources • Self-assessment tests • Recent research; data from public health sources • Physician surveys • Other identified methods

Osteopathic Faculty	The following shall be considered osteopathic faculty and will count towards the 30% requirement needed to grant an activity AOA Category 1-A credit: (1) Osteopathic Physicians, (2) MDs, PhDs, and other professionals with graduate degrees who hold a full-time paid faculty appointment at a college of osteopathic medicine, (3) Presenting employees of the American Osteopathic Association or AOA component society staff who hold a graduate degree and clinical faculty.
Outcome Measurement	The tabulation, calculation or recording of activity or effort that can be expressed in a quantitative or qualitative manner (when attempting to measure shifts or progress toward desired levels of quality).
Planning Process(es)	The method(s) used to identify needs and assure that the designed educational intervention meets the need(s) and produced the desired results.
Presenter/Faculty/Speaker	An individual who delivers a lecture or other formal portion of the program.
Professional Practice Gaps/Educational Needs	<p>The “What” and “Why”</p> <p>A practice gap is the difference between a desirable or achievable state of practice (what should be happening) and current reality (what is happening). An educational need can be defined as the cause or reason for the gap.</p> <p>Gaps exist when providers are not doing everything they could, are not doing things correctly, and/or could improve what they are doing. Gaps can be knowledge (providers don’t know something), competence (providers don’t know how to do something, don’t have methods or strategies), performance (providers are not doing something in their practice), or patient outcomes (the consequences of the performance).</p> <p>Questions to ask when identifying gaps and needs are:</p> <ul style="list-style-type: none"> • What questions do my target audience have and what does that reveal about their deficit(s) of knowledge, competence, or performance? • What patient problems or professional challengers are they unable to address? • Why does this problem exist? • Is there a lack of knowledge, competence or performance that caused the problem?
Regularly Scheduled Conferences/Series (RSC’s/RSS’s)	An activity is identified as an RSC or RSS when it is planned to have (1) a series with multiple sessions that (2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and (3) are primarily planned by and presented to the accredited organization’s professional staff. Grand Rounds, Morbidity and Morality, Tumor Boards, etc.