

Continuing Medical Education

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COLLEGE
OF MEDICINE

Content Validation Policy

The OCME requires that the content of CME activities and related materials provide balance, independence, objectivity, and scientific rigor. Planning must be free of the influence or control of a commercial entity, and promote improvements or quality in healthcare. All recommendations in CME activities involving clinical medicine must be based on evidence accepted within the medical profession. All scientific research used to support patient care recommendations must conform to generally accepted standards of experimental design, data collection and analysis.

The content of the activity must match the learners' current or potential scope of professional activities and the activity format must be appropriate for the activities' setting, objectives and desired results. The activity must be developed in the context of desirable physician attributes (e.g., IOM competencies, ACGME competencies).

Education needs (knowledge, competence, or performance) that underlie a professional practice gap(s) of the learners should be used, and should guide activities and the development of learning objectives. Group needs can be determined from examples below:

- Practice profiles
- Peer reviews
- Self-assessments
- Case audits
- New medical knowledge
- Medical audits, chart reviews, surveys of records, clinical practice data, etc.
- New technology or techniques
- Quality assurance/improvement, mortality/morbidity data or risk-management data
- Committee findings/recommendations
- Regulatory changes, mandates or requirements (e.g. JACHO)
- Literature, consensus report or research findings
- Public health data, Healthy People 2010, USPHS, etc.
- Guideline
- Healthcare trends
- Faculty or Departmental chair perceptions of need
- Physician surveys or requests from prospective audience
- Physician self-assessment
- Pre- and post-test(s) using case based questions from prior activities

Clinical Content Validity Guidelines – Speakers must assure implicitly or explicitly, that any clinical recommendations made are valid for use in the care of patients. All scientific research referred to, reported in, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis. The following must be adhered to:

- Clinical care recommendations must be based on evidence that is accepted within the profession of medicine as adequate justification for their use
- 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
- A recommendation on clinical care must be more than firmly held beliefs or hopes for efficacy
- Data or information accepted within the profession of medicine that supports the recommendation
- The conclusions drawn from the data must be those that would be reasonably drawn from those data.

The validation of clinical content does not mean that every clinician accepts the recommendation or that the recommendation is part of FDA-labeling. An important part of validity is the scientific integrity of the data from which the conclusions are drawn and the clinical recommendations drafted.