



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Faculty Handbook for
Live CME Activities
CME Division



June 15, 2018

Dear Continuing Medical Education Faculty,

I am excited to present our revised Continuing Medical Education Division Faculty Handbook.

As Faculty in our educational activities, you share a partnership with us in providing the best continuing medical education (CME) to assist family physicians in improving their daily practice and meeting required competencies. Most of our Faculty are also AAFP members. We are constantly seeking member input to improve effectively addressing member and learner CME needs and requirements.

This new revised Faculty Handbook contains an overview of the AAFP's purposes, vision, and mission as well as important information on curricular foundations of the AAFP's CME Division. You will find new concepts presented such as Professional Faculty Engagement, the importance of Accreditation, and Administrative Initiatives advanced by the AAFP.

Thank - you for your service to the American Academy of Family Physicians as a member of our CME Faculty.

Sincerely,

Clif Knight, MD, CPE, FAAFP

Senior Vice President for Education

AAFP

STRONG MEDICINE FOR AMERICA

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Speaker Alan Schwartzstein, MD <i>Oregon, WI</i>	Vice Speaker Russell Kohl, MD <i>Stilwell, KS</i>	Executive Vice President Douglas E. Henley, MD <i>Leawood, KS</i>		

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INTRODUCTION & BACKGROUND

Welcome to the American Academy of Family Physicians

The American Academy of Family Physicians, founded in 1947, is the national association of family physicians with 129,000 members in 50 states, D.C., Puerto Rico, the Virgin Islands, Guam, and internationally.

Purposes of the AAFP include:

- Providing responsible advocacy for and education of patients and the public in all health-related matters
- Preserving and promoting quality cost-effective health care
- Promoting the science and art of family medicine and ensuring an optimal supply of well-trained family physicians
- Promoting and maintaining high standards among physicians who practice family medicine
- Preserving the right of family physicians to engage in medical and surgical procedures for which they are qualified by training and experience
- Providing advocacy, representation, and leadership for the specialty of family medicine
- Maintaining and providing an organization with high standards to fulfill the above purposes and to represent the needs of its members

AAFP Vision

AAFP's vision is to transform healthcare to achieve optimal health for everyone.

AAFP Mission

The mission of the AAFP is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.

AAFP Core Values

Our values are the core of our culture. As part of our effort to honorably achieve our mission, AAFP strives to be:

- Equitable for all people
- Centered on the whole person within the context of family and community
- Based on science, technology, and best available evidence
- Supported by lifelong professional learning
- Grounded in respect and compassion for the individual

AAFP Diversity Statement

The AAFP supports the principle that continuing medical education (CME) and patient educational material, as well as guidelines for faculty who provide live, online or enduring education should include components that directly address and take into account the unique aspects of diverse populations.

AAFP Continuing Medical Education Mission Statement

The American Academy of Family Physicians (AAFP) seeks to provide family physicians and other health care professionals with continuing medical education activities that are based on the principles of adult learning. These activities are high-quality, unbiased, evidence-based, up-to-date, learner-driven, and produced in a variety of formats. The expected outcome of the AAFP CME program is to increase the ratio of learners who plan and/or demonstrate implementation of a meaningful change in their practices.

Continuing Medical Education Division Mission Statement

To provide CME and award CME credit for education that helps members and other learners improve their practice performance and patient outcomes, and generates net income to support the AAFP's mission.

Professional Engagement

- Faculty are engaged pursuant to a contract without guaranteed continued engagement, or for future dates or activities.
- The AAFP has the right to direct a faculty member to discontinue any activity constituting a violation of AAFP policy, as well as any federal, state, or local laws. Faculty contracts describe the timelines concerning the right of faculty to discontinue their contracts.
- The AAFP expects its faculty members to meet high ethical standards and to personify the high ideals represented by the organization. Any disagreement with AAFP staff or organizational policies should be brought directly to the appropriate parties and not disclosed to or discussed with a public audience.
- When representing the AAFP faculty members agree not to discriminate against any other AAFP staff member, AAFP faculty member or learner because of age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation, or natural origin.

Accreditation

The American Academy of Family Physicians (AAFP) was founded in 1947 and was the first medical specialty society to require its members to engage in continuing medical education (CME). All AAFP produced CME activities carry AAFP Prescribed credit and must meet all [AAFP Credit System Eligibility Requirements](#). In addition, the AAFP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) and holds Accreditation with Commendation status. As part of this status, our CME program must comply with all ACCME requirements including the [Accreditation Criteria, Standards for Commercial Support, Commendation Criteria](#), and [AMA PRA Category 1 requirements](#). All AAFP produced CME must also comply with the American Medical Association's Council on Ethical and Judicial Affairs ethics policies, the Council of Medical Specialty Societies' [Code for Interactions with Companies](#), and others as appropriate.

In alignment with the [AAFP's CME Mission Statement](#), the AAFP is committed to members lifelong learning by providing the highest quality CME based upon principles of adult learning. Faculty must ensure all CME is evidence-based, balanced, and independent from any promotional information. Additionally, all faculty members are required to read and comply with the AAFP's [CME Conflict of Interest Policy](#) and must update their COI forms to be complete and accurate on a continuing basis. For initial consideration by the AAFP for CME faculty, COI disclosures must be current and are reviewed by the AAFP prior to final selection. Faculty members should understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will disqualify them from participating in a CME activity.

AAFP Curricular Framework

The AAFP is a national leader in CME, providing relevant, needed, and evidence based CME to our members for the benefit of their patients and communities.

The AAFP Curricular Framework defines core priorities for which content is created and is based on gaps in professional practice determined through needs assessments, conducted as part of CME activity planning, review of comparative effectiveness research, and evidence-based sources. The AAFP Curricular Framework consists of 20 content categories and over 600 + sub-topics that are scientifically valid as well as critical to knowledge and clinically relevant for family physicians

In order to remain a leader in CME, an enterprise wide curricular framework is needed to accomplish the following:

- Properly distribute the topics amongst the AAFP CME portfolio of activities to eliminate gaps and redundancies in the topics covered
- Properly prioritize topics based on an evolving needs and knowledge/practice gaps analysis to maximize the AAFP's CME educational content on the continuing professional development of its members, the health of their patients, their communities, and the health of United States population
- Establish an index of topics to assist with appropriate and accurate analysis of the educational content covered by the AAFP CME portfolio in any given time
- Establish a framework to assist with electronic search capabilities by members searching for CME activities on one or more topics.

Curriculum Advisory Panel

The Curriculum Advisory Panel (CAP) was created in 2016 to provide feedback for continued development and evolution of the AAFP Curricular Framework. The CAP provides various editorial boards, advisory boards, Course Chairs, planning committees and CME staff with recommendations on the appropriate weighting of various topics within the AAFP CME Program. Key responsibilities include: 1) Assign weightings of categories/topics to be covered by FMX and other CME activities, based on the most updated version of the Curricular Framework. 2) Discuss how to evolve our needs assessment process using the Curricular Framework as a tool. Review materials AAFP CME staff provides related to relevant trends and evolving expectations and/or requirements in CME. 3) Review materials AAFP CME staff provides containing data on member preferences, learner outcomes data, etc. to inform recommendations. 4) Provide an annual review of the AAFP CME Curricular Framework. Curriculum Advisory Panel membership is comprised of the following members: *FP Essential* Medical Editor; *American Family Physician* Medical Editor; *Board Review* Course Chair; *Family Medicine Experience (FMX)* Advisory Board Chair; AAFP Director, Medical Education Division; AAFP Director; Practice Advancement and Health of the Public Medical Director.

Membership on the CAP will follow the role, not the individual serving that role. As role assignments change, newly appointed individuals will assume the incumbent's position on the CAP. This is an annual assignment with approximately 12 hours of service.

Educational Plan and Activity Design Format

- An Educational Plan, developed for each CME activity, based on a concise, clinical needs assessment ensures the education is designed to improve practice based on identified gaps in competency and performance. Adult learning principles are incorporated in designing the education plan and provide an additional critical component of the plan.
- Compliance is assured with all AAFP CME Credit System Guidelines, the Accreditation Council for Continuing Medical Education (ACCME) Essential Areas and Elements (including the Standards for Commercial Support) and CME accreditation policies.

- Faculty members are expected to maintain current knowledge of the applicable subject matter and incorporate new information into the CME content they are developing or delivering. Faculty should incorporate into CME content current health alerts including drug or device recalls, Risk Evaluation and Mitigation Strategies (REMS) from the Food and Drug Administration and changes in standard of care.
- Key practice recommendations should be included in CME content, along with clear discussion of evidence based performance measures when applicable.

FACULTY RESPONSIBILITIES AND RESOURCES

The AAFP integrates various educational designs for CME which may include live activities, live streaming, online, performance improvement continuing medical education, multi-format, audience response system integration, interactive learning management systems, reflective education, and other appropriate formats. CME courses are presented in various formats including: live, recorded live, and developed into self-study materials.

All AAFP CME products are facilitated by a designated Chair and Faculty. Specific information on roles and duties are included in Product Appendices at the end of the Handbook including information on role of faculty and staff, travel, specific forms required, and presentation guidelines.

All faculty members complete a specific contract/service agreement per individual service with the AAFP. The contract/service agreement sets forth the capacity in which the faculty member will serve for the specific CME activity. Individual forms to be completed will be included in your contract/service agreement.

Intellectual Property

The AAFP requires full disclosure of authorship and the use of third - party content in every CME educational product. All third party - owned images, photos, pictures, tables, graphs, etc. used in faculty presentation/materials must have copyright approvals from those third parties. Anything submitted that does not receive approval will be deleted from the faculty members presentation. Faculty members should be aware that many owners require six to eight weeks to process permission requests. Faculty will work with AAFP staff to assist in this process. Faculty must disclose the source of the copyrighted material in the notes section of the Power Point presentations. Due dates will be included in Faculty Service Agreements and Faculty Contracts.

Conflict of Interest

All faculty must have an updated annual COI Form on file at the AAFP. Many faculty speak multiple times annually and a COI form will be completed at the discretion of the Faculty members Program Specialist. Individual contracts have a section verifying an updated COI Form that must be completed. The COI form and policies link is [CME Conflict of Interest Policies](#). It is also included in the Accreditation section. Due dates will be included in Faculty Service Agreements and Faculty Contracts.

Faculty Resources on AAFP Website

Resources for Faculty can be found on the AAFP website at www.aafp.org. Instructions: 1) Open the home page and click on CME at the page header. 2) Scroll down to the bottom of the page. 3) You will find the section titled CME Faculty including two subsections: About CME Faculty and CME Faculty Resources.

ADMINISTRATIVE ELEMENTS

People First Language

The AAFP Board of Directors has approved new language regarding People First Language to be used throughout the Academy. People First Language is used to speak appropriately and respectfully about an individual with a disability or an illness. For example, one would say “a person with diabetes” rather than a diabetic patient. This resolution was adopted in 2016 at the AAFP National Conference of Constituency Leaders Reference Committee on Organization and Finance.

Information and examples of People First Language may be found at:

[www.inclusionproject.org/nip_userfiles/file/People First Chart.pdf](http://www.inclusionproject.org/nip_userfiles/file/People%20First%20Chart.pdf). Faculty are requested to include People First Language verbiage in their Power Point slides, presentations and comments during educational sessions. For more direction on ideas and implementation, faculty may contact the appropriate Learning Strategist.

Patient Engagement

Health outcomes are enhanced when the interests of the people and their communities served are incorporated. These voices provide critical information for physicians addressing their needs and consequently, continuing medical education (CME) stands to benefit from such information. This can be achieved when patients and/or public representatives are engaged in the planning *and* delivery of CME as co-faculty. Together, both physician faculty and patient engagement faculty are empowered to provide the richest possible context for addressing shared decision-making and patient-centered care. Jointly, faculty develop learning activities following the education plan and learning objectives created with the Learning Strategist. For example, the physician faculty and patient engagement faculty might present the unique information each brings to the topic and describe how a collaborative approach improved outcomes. Patient engagement faculty may co-present in live or digital formats with one patient engagement faculty providing both the planning and delivery, or different patient engagement faculty participating in the delivery and planning.

For more direction on ideas and implementation, please contact your Learning Strategist.

Social Determinants of Health

Social determinants of health are the conditions under which people are born, grow, live, work, and age. The AAFP supports the assertion that physicians need to know how to identify and address social determinants of health to be successful in promoting good health outcomes for individuals and populations. The AAFP Board approved the recommendation to support this initiative in October 2012 from the Commission on Health of the Public and Science Education. In their patient-centered practices, family physicians identify and address the social determinants of health for individuals and families, incorporating this information in the bio psychosocial model to promote continuous healing relationships, whole-person orientation, family and community context, and comprehensive care. Faculty are requested to consider where applicable, the inclusion of Social Determinants of Health per the educational plan and learning objectives developed by the Learning Strategist. For example, in talking about diabetes with your patient consider their living area with access to fresh food, grocery stores, and a safe place to exercise. For more direction on ideas and implementation, please contact your Learning Strategist.

Commercial Support

- The AAFP accepts both financial and in-kind commercial support for its CME activities and topics with the exclusion of Board Review, Performance Navigator, Family Practice Essentials, and METRIC.
- Inclusion of a financially supported program does not constitute the AAFP's endorsement of a commercial interest product or service.
- If you speak for the AAFP, your session may be funded by a commercial organization. You will sign an agreement of understanding of that funding before signing a contract. If you do not agree with your educational session being sponsored or funded by a commercial organization, you can decline the contract and not participate in serving as faculty at that Educational activity.
- All commercial interest companies will be required to sign an agreement to abide by all ACCME Standards for Commercial Support and the AAFP will notify faculty if/when commercial support has been accepted.
- In case of in-kind support, the AAFP coordinates all shipment details with the commercial supporter and instructs them not to ship any in-kind materials to the faculty or learners.
- The only exception is when the commercial supporter provides the AAFP with in-kind support for a clinical procedures workshop in the form of a controlled substance requiring a licensed physician to receive and administer the controlled substance. The AAFP will notify the applicable faculty member in advance and may ask for faculty member's license number and address to complete the commercial supporter's documentation
- The commercial supporter may or may not exclude from reporting under the Open Payments Program – The Sunshine Act (see below) the provision of the controlled substance to the faculty member.
- The AAFP link to information regarding responsibility and control of continuing medical education, AAFP activities and industry funding can be found at: <https://www.aafp.org/about/policies/all/continuing-education.html>

The Physician Payments Sunshine Act

- The Physician Payments Sunshine Act of 2010 9 the “Sunshine Act” requires manufacturers of drugs, medical devices and biologicals that participate in U.S. federal health care programs to report certain payments and items of value given to physicians and teaching hospitals.
- The Centers for Medicare & Medicaid Services (CMS) has been charged with implementing the Sunshine Act and has called it the Open Payments Program.
- Faculty honoraria and expenses associated with accredited CME may be excluded from the reporting requirements and final determination to the report ability of certain payments to faculty is made by the manufacturers. If reporting were to occur, faculty may contact the AAFP for assistance in communicating with the commercial support and CMS.
- Faculty members are not required to register with CMS but are encouraged to do so to be able to challenge any information that the manufacturers propose to publish.

AAFP Staff Culture

The purpose of AAFP's culture is to help us achieve our mission and ensure that we are working hard to succeed as often as possible. These are the behaviors that will help us live up to fulfilling that mission and our values:

Value our members and customers.

- Family physicians are the AAFP's primary customer and their needs guide our decision making. We serve patients through serving the physicians. We strive to provide quality service to all our customers, both internal and external.
- Anticipate our members' and customers' needs.
- Look for solutions that will help our members.
- Don't overlook the importance of personal contact.

Treat each other with respect.

- We are committed to pursuing open, honest, frequent, credible and clear communication
- up, down, sideways -- with each other and with our members. We will work hard to earn and keep each other's trust.
- Assume good intent and give each other the benefit of the doubt.
- Trust each other's expertise.
- Listen to each other and build trust.
- Be willing to collaborate and compromise.
- Respect and value individual and team diversity.

Take personal responsibility.

- We know that our personal actions directly affect the success of our organization. We accept ownership and accountability of our individual actions, commitments and results. We each must take responsibility for:
 - Our individual and organizational performance.
 - Our actions that affect the culture.
 - Meeting our deadlines and commitments.
 - Meeting our customers' needs.
 - Closing the loop.

Commit to learning and progress.

- We hold ourselves to high expectations and are committed to continuous learning, renewal and self-improvement. We strive to use our collective knowledge and experience to benefit our members.
- Stay open to new ideas and change.
- Accept that mistakes will happen -- we need to learn from them.
- Take opportunities for self-study, business, and personal development.
- Take risks and test new ideas.

Deal with conflicts directly.

- Whenever people work together there will be conflicts. We accept that this is a natural and normal part of life. It is our responsibility to deal with these conflicts in respectful and productive ways.
- Be respectful and candid with each other.
- Talk with each other, not about each other.

Work effectively together to serve our members.

- We are constantly looking for ways to improve our individual and collective ability to get the job done. Much of our success depends on how well we handle the logistics of our work: making decisions, handling deadlines, gathering input and sharing information.
- One team. One dream. Keep organizational goals a priority.

- Establish clear and discrete goals, timetables and decision-making protocols.
- Solicit input from appropriate staff before decisions are made without requiring consensus.
- Ask questions and raise concerns while respecting others' functional or subject matter expertise. Balance the need for appropriate vetting with the equal need for timely action.
- Be innovative. All ideas are valued.
- Take informed risks and adjust and improvements as necessary. Communicate and cooperate with each other regarding deadlines.
- Share credit and recognition.

Keep it fun.

- We are committed to supporting each other's efforts to balance work and play in our personal and professional lives. We enjoy what we do:
- Maintain a sense of humor.
- Celebrate our successes.
- Remember our traditions and honor milestones.



FACULTY HANDBOOK
APPENDIX THREE
Family Medicine Experience (FMX)

APPENDIX THREE
FMX

I. ROLE OF CHAIR

There is no specific Chair for FMX, but there is an FMX Advisory Board that plans, chooses and evaluates all CME Educational Activities

II. FMX ADVISORY BOARD

The purpose of the FMX Advisory Board is to provide oversight of the planning, onsite responsibilities and evaluation of the AAFP's annual meeting (FMX) CME learning activities.

III. ROLE OF FACULTY

1. Develop relevant course content in accordance with the AAFP-provided needs assessment, and particularly the learning objectives
2. Meet deadlines for deliverables, materials, and faculty forms to meet production schedule
3. Communicate effectively through telephone, e-mail, webinars/webcasts, and conference calls
 - i. Answer questions from the AAFP staff, peer reviewer, and editor
4. Create content in accordance with AAFP editorial guidelines
5. Follow AAFP PowerPoint Style Guide
6. Ensure all AAFP intellectual property requirements are met
7. Review content to determine/resolve commercial bias issues
8. Deliver course material for the activity as created by the content developers
9. Participate in question and answer sessions following presentations
10. Maintain current knowledge of subject matter
11. Other responsibilities as determined necessary and requested

IV. FACULTY DELIVERABLES

Activity Deliverables

Deliverables include PowerPoint presentation with detailed speakers' notes, speaker forms, session-specific audience engagement questions and answers provided, COI Form updates, and for recorded sessions, such as FMX On Demand presentations - five (5) post-assessment questions/answers. Actual activity requirements and due dates are integrated into timetables in the applicable faculty service agreement (FSA). Non-compliance may result in honorarium penalties.

Faculty members are also required to disclose to the AAFP and learners when unlabeled use of a commercial product or an investigational use not yet approved for any purpose is discussed during an educational activity. The intent of the policy is not to prohibit or limit the exchange of views in scientific and educational discussions, but to ensure that faculty disclose to learners that such discussion will take place. As such, faculty must complete the Disclosure of Unlabeled/Investigational Uses of Products Form, which will be provided to faculty.

The faculty member will own all the materials developed for the course or the AAFP will be deemed the owner. Via the faculty service agreement, the faculty member must attest to: 1) owning and/or having the right to use everything in your materials, including third-party content (images, tables, photos, etc.) used in the presentation; and 2) having obtained sub-licensing rights to third-party material included in the presentation, which gives the right to the AAFP to sub-license the presentation and materials. This also allows the AAFP to engage other companies to distribute the content in the copied or recorded product (e.g., FMX On Demand) on AAFP's behalf.

Please note that third-party content for which permissions to use and sub-licensing rights have not been secured must be removed from the presentation by the faculty member.

V. **TRAVEL**

A. **Travel Stipend**

1. Speakers who serve as Co-Faculty for FMX may or may not be paid travel. Payment to faculty must be in compliance with AAFP's honorarium policy and based on designated roles and responsibilities at FMX.
2. Faculty receive \$550 per speaking day. The stipend provided to paid faculty members for each day the faculty member presents is inclusive of ground transportation, food allowance, and lodging.
3. ALL faculty members are responsible for making their own hotel arrangements which is included in the daily \$550.00 stipend.
4. No receipts related to hotel, ground transportation, or food need to be submitted.
5. The AAFP will pay for roundtrip airfare, train, or use of personal car in addition to the \$550.00 daily stipend. The AAFP will reimburse the fee for one bag each way for airlines charging for the service or for Early Bird check-in on Southwest Airlines.
6. All faculty members whose FSA reflects compensation provided by the AAFP will be reimbursed for non-refundable coach airfare to and from their originating airport by the shortest and most expedient route. To receive the lowest discounted coach class fare possible, the AAFP requests that airfare be purchased a minimum of four weeks in advance of the activity's start date. By faculty member request, the use of a travel agent designated by the AAFP is acceptable.

7. All faculty members whose FSA reflects compensation provided by the AAFP who elect to drive their own personal vehicles to and from the destination will be reimbursed at the lower of (a) the current IRS standard mileage rate or (b) the non-refundable coach airfare to which they would be entitled to under the paragraph set forth above. Parking for the vehicle will be reimbursed for each speaking day. The AAFP does not reimburse for rental cars, unless pre-approved by AAFP staff.
8. To receive travel expense reimbursements, all faculty members whose FSA reflects compensation provided by the AAFP must (i) complete an expense voucher, which is available upon request, within 30 days after completion of the CME activity, or if sooner required, by the deadline indicated on the voucher form; and (ii) submit airfare/baggage receipt with the reimbursement request. Due to IRS regulations, credit card statements cannot be substituted for receipts.

B. Directing Travel Honorarium

All honoraria, compensation, and reimbursements will be in the form of a check issued by the AAFP after receipt of a properly completed reimbursement voucher. The faculty member may direct honoraria payable to any one of the following:

- To the faculty member
- To the faculty member's employer/practice
- To the AAFP Foundation
- To the AAFP
- To the STFM Foundation

VI. PRESENTATION GUIDELINES

1. Meet due dates listed in the applicable faculty service agreement (FSA)
2. PowerPoint that follows the AAFP PowerPoint Style Template Guide - will be distributed by AAFP staff
3. Audience Engagement System (AES) questions, as appropriate. Answers to AES questions clearly noted and/or placed in the notes section of the respective question slide
4. Resources for continued study, as appropriate (e.g., journal articles, websites, etc.)
5. For FMX On Demand sessions, five post-test questions to check for knowledge

VII. EVALUATION

Learners are presented with the opportunity to complete an evaluation for each CME session that you teach. Session evaluations are a necessary component of ACCME Accreditation, are key to determining the effectiveness of the education, and provide valuable feedback to faculty. After the completion of FMX, faculty are presented with their session evaluations, including scores and learner comments, as well as a "How to Read Your Evaluation Results" guide.

VIII. ROLE OF AAFP STAFF

Faculty and staff should work collaboratively on matters directly related to the development of course materials, educational goals, process, implementation, coordination, and evaluation.

A. Learning Strategist

1. Participate as a member of the project team (learning strategist, program strategist, program specialist)
2. Provide in-depth understanding of instructional issues in traditional, blended, enduring, and online courses
3. Possess an understanding of the CME environment, the healthcare environment, pertinent regulations, and compliance guidelines
4. Create needs assessments for all CME session
5. Create learning objectives that will enable the faculty to prepare evidence-based up-to-date activities
6. Work with faculty to design and develop course curricula and instructional material
 - i. Program educational plans
 - ii. Outcomes measures
7. Provide follow-up assistance and support to faculty as they incorporate new curricula and materials into their courses
8. Develop educational outcome measures reports for CME activities

B. Program Strategist & Specialist

1. Participate as a member of the project team (learning strategist, program strategist, program specialist)
2. Work collaboratively with planning committee and faculty
3. Facilitate conference calls and take meeting minutes during calls to be disseminated to committee members
4. Facilitate planning, budgeting, scheduling, resource allocation, negotiation, and monitoring and auditing of project
5. Staff person responsible for integrating all aspects of the activity
 - i. Works with faculty: submit faculty forms, adhere to deadlines, and process expense vouchers
 - ii. Work with chapter staff: submit faculty info, CV, bio, headshot, PowerPoint presentation and handout
 - iii. Enter and track intellectual property requests
 - iv. Review monthly general ledger and track actual expenses in budget worksheets
6. Help ensure all AAFP intellectual property requirements are met prior to the activity being made available to users
7. Facilitate production of speaker notes, handouts and evaluations for enduring materials to be available online or mailed
8. Facilitate coordination of on-site services for meeting preparation, including room setup, A/V needs, speaker handouts, notes, and evaluations, etc.
9. Manage faculty contracts, honorarium, and reimbursements

IX. SPECIFIC FORMS RELATED TO FMX

- Faculty Service Agreement (FSA)- Will be distributed by AAFP staff
- COI - Conflict of Interest - Will be distributed by AAFP staff
- Disclosure of Unlabeled/Investigational Uses of Products Form - Will be distributed by AAFP staff