

## Continuing Medical Education Application Form

### General Information

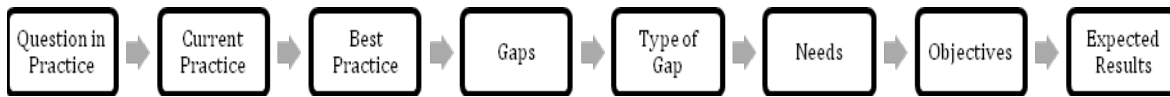
The CME planning process is based on criteria of the Accreditation Council for Continuing Medical Education (ACCME) and sound adult learning principles for **physician learners**. The St. Vincent Hospital CME Program has the responsibility for assuring that CME activities meet these requirements. This application is an essential step that will guide you through the planning process. Each section references a letter/number (e.g., C5) which refers to the relevant ACCME Criterion. For more information on the ACCME criteria, refer to the [ACCME Essential Areas and their Elements](#). **Except where noted, all sections must be completed.** To fill out the form, just double-click on a check box and select "checked," and/or place your cursor in a gray text box to type your responses. The boxes/pages expand to accommodate your responses. (You may also attach documents.) Once complete, save the document on your desktop and email it as a Word document to your contact in the CME office.

**You will need the lock/unlock command on your customized Quick Access Bar** to open various boxes to insert information. To add this function, go to Customized Quick Access Toolbar, More Commands, then choose from all commands dropdown. Look for lock and add it to your customized Quick Access Toolbar to easily toggle between lock/unlock to fill in the form.

<b>Contact and Activity Information</b>		
Date Submitted:	<b>Support Staff Contact in your office for activity questions, follow up info and further info.</b> (name, email, phone, title):	
Hospital / Department/ Organization		
Proposed Activity Title:		
Proposed length of activity ( <i>Agenda required with times for approval consideration</i> ): Hours	Estimated number of participants: <input type="checkbox"/> 50 or less <input type="checkbox"/> 51 – 150 <input type="checkbox"/> 150+	
Proposed Activity Date(s):	Time (if live event):	Location (if live event):
<b>Proposed AMA Activity Type</b> ( <i>Select all that apply by placing an X in the appropriate box</i> )		<b>C5</b>
<input type="checkbox"/> <b>Live Course / Symposium / Conference</b>		
<input type="checkbox"/> <b>Live Workshop</b> ( <i>intensive educational program for a relatively small group of people that focuses especially on techniques and skills in a particular field e.g., hands-on training, skills testing and/or lab work</i> )		
<input type="checkbox"/> <b>Live Online Webcast</b>		
<b>Planning Team</b> ( <i>Insert rows as needed</i> ) <b>If a name is listed here, a disclosure form must be submitted with this application, be current and on file with the CME Office for the life of the activity. Disclosures are done yearly or if there is a disclosure change.</b>		<b>C7</b>
Name (Course Director): Affiliation: Title:	Name: Affiliation: Title & Role:	
Name: Affiliation: Title & Role:	Name: Affiliation: Title & Role:	
Name: Affiliation: Title & Role:	Name: Affiliation: Title & Role:	

## Planning Process

The CME planning process is based on a foundation of needs assessment which serves to identify professional practice gaps of the intended audience, articulate the needs, and outline the objectives and expectations necessary to design learning activities that will change competence, performance, and/or patient outcomes. This process can be visually depicted as follows:



<b>STEP 1 - What problem(s) will be addressed with this activity?</b> <i>Please describe what the professional, practice or system-based problem(s) that will be addressed through this educational intervention.</i>		<b>C2, C3, C5</b>
<b>What is the problem?</b>	<b>Why does this problem exist?</b>	

<b>STEP 2 - Identify Sources - Document why the problem exists or how the problem was discovered.</b>		<b>C2</b>
<input type="checkbox"/> New methods of diagnosis or treatment <input type="checkbox"/> Availability of new medication(s) or indications <input type="checkbox"/> Development of new technology <input type="checkbox"/> Peer-reviewed literature <input type="checkbox"/> Data from outside sources (e.g., public health statistics, epidemiology data) <input type="checkbox"/> Survey of target audience <input type="checkbox"/> Quality assurance/audit data <input type="checkbox"/> Professional society guidelines <input type="checkbox"/> Consensus of experts (provide summary)	<input type="checkbox"/> Relevant data from previous evaluations (attach evaluation summary with relevant data highlighted) <input type="checkbox"/> Focus groups/interviews (provide summary of results) <input type="checkbox"/> Pre-program survey of target audience(attach summary of description) <input type="checkbox"/> Other physician requests (provide explanation or summary) <input type="checkbox"/> Other (specify):	

<b>STEP 3 – What will the educational intervention be designed to change?</b> <i>Objectives are the take-home messages following the activity and describe what the learner should be able to accomplish after completing the CME activity. They must be specific, measurable and bridge the gap between the identified problem(s) and desired outcomes. Consider: What should learners be doing? What should learners not be doing? What should learners understand?</i>		<b>C2, C3, C5, C6, C10, C11, C16, C22</b>
<b>Learning Objectives – Finish the statement:</b> <i>At the completion of this activity participants should be able to: (See Info on Action Verbs to describe your objectives.)</i>	<b>How will you know if your learner’s competence/ performance or patient outcomes were impacted by these educational objectives?</b>	
1.	<input type="checkbox"/> Subjective data – participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data,	
2.	<input type="checkbox"/> Subjective data – participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data,	
3.	<input type="checkbox"/> Subjective data – participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data,	
4.	<input type="checkbox"/> Subjective data – participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data,	
5.	<input type="checkbox"/> Subjective data – participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data,	

<b>STEP 4 - What educational approaches will produce changes identified above?</b> <i>The format for the activity should be based on good adult learning principles.</i>		<b>C5</b>
<b>Format</b> <i>(Select all that apply by placing an X in the appropriate box)</i>		<b>What percentage of time is planned to include active learning strategies or interactivity?</b> <i>(such as Q&amp;A, pre/posttest, case presentations with active audience participation, discussion, simulation)</i>
<input type="checkbox"/> Lecture <input type="checkbox"/> Q&A Session(s) <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Case Presentation <input type="checkbox"/> Case Discussion <input type="checkbox"/> Audience Response System	<input type="checkbox"/> Small Group Discussion <input type="checkbox"/> Problem-Solving <input type="checkbox"/> Laboratory Activity <input type="checkbox"/> Simulation <input type="checkbox"/> Demonstration <input type="checkbox"/> Brainstorming <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%

<b>STEP 5 - Evaluation Methods and Outcomes Report</b> – CME accredited interventions must measure what the activity has been designed to measure.		<b>C3, C11</b>
<b>Please indicate the tools that will be used to measure impact in this activity:</b>		
<b>Knowledge and Competence</b> <i>Do learners have a strategy to apply what was learned?</i>	<input type="checkbox"/> <b>Post-activity questionnaire</b> asking learners what <b>strategy they will apply</b> at the end of the activity	
	<input type="checkbox"/> <b>Audience response system (ARS)</b> when presented with case-based presentation	
	<input type="checkbox"/> <b>Customized pre and post-test</b> (must be <b>case-based scenarios</b> to test for strategy – not just a knowledge test)	
	<input type="checkbox"/> <b>Commitment to Change Statement</b> – measures <b>intent to change</b>	
	<input type="checkbox"/> <b>Focus Group Discussion</b> immediately at the end of the CME event or post-time frame	
	<input type="checkbox"/> <b>Delayed Physician Survey post-activity</b> follow-up – optimal <b>4 – 6 weeks post activity</b>	
	<input type="checkbox"/> <b>Other:</b>	
<b>Performance (Optional)</b> <i>Have learners implemented what was learned?</i>	<input type="checkbox"/> <b>QA/QI/PI reports</b> post CME activity examining performance processes of care	
	<input type="checkbox"/> <b>Customized Follow-Up Survey</b> about <b>actual change in practice (self-reported)</b> at specified intervals ( <b>4-6 weeks post educational intervention</b> )	
	<input type="checkbox"/> <b>Follow-Up Survey on Intent to Change Statement</b> regarding actual change (self reported); 4 – 6 weeks post activity is requested.	
	<input type="checkbox"/> <b>Simulation</b>	
	<input type="checkbox"/> <b>Participant interview / focus group about actual change in practice</b>	
	<input type="checkbox"/> <b>Chart Audits</b> for physician behavioral change	
	<input type="checkbox"/> Track and identify <b>new administrative/procedural changes</b>	
	<input type="checkbox"/> Track and identify <b>new practices and policies / protocols.</b>	
	<input type="checkbox"/> <b>Other:</b>	
<b>Patient and/or Population Outcomes</b> <i>Have learners implemented what they learned in such a way which improves outcomes?</i>	<input type="checkbox"/> <b>Observed changes in quality/cost of care/ QI data</b> (hospital or office quality core measures)	
	<input type="checkbox"/> <b>Public source health data of community / state / country</b>	
	<input type="checkbox"/> <b>Chart audit / review data</b>	
	<input type="checkbox"/> <b>Patient Safety Data</b>	
	<input type="checkbox"/> <b>Improvement in patient care</b> based on learner’s self-report	
	<input type="checkbox"/> <b>Patient Satisfaction / Experience Survey’s</b>	
	<input type="checkbox"/> <b>Measure morbidity and mortality rates</b>	
	<input type="checkbox"/> <b>Patient chart audits</b>	
	<input type="checkbox"/> <b>Other:</b>	

<b>CME ACTIVITY OUTCOMES REPORT</b>		<b>C11</b>
<p><b>ISMA/ACCME guidelines require that educational activities are assessed; data is collected, summarized and analyzed to ensure that the educational interventions are in line with the provider’s CME Mission. The CME Office will require the CME activity planning team to provide a summary of the data.</b></p> <p><input type="checkbox"/> I will ensure that data collected for this educational intervention via the methods indicated above will be provided to the CME Office in the form of a summarized outcomes report. <i>Please see CME office staff for specific guidelines.</i></p>		
<b>HOW WILL THE EVALUATION(S) BE USED?</b> Check all that apply		<b>C3, C19</b>
<p><input type="checkbox"/> The Activity Director will review the evaluation(s) to determine whether objectives and desired changes were met.</p> <p><input type="checkbox"/> Feedback will be provided to the presenters</p> <p><input type="checkbox"/> The evaluations will be used in planning future CME activities (e.g., topics, presenters, format)</p> <p><input type="checkbox"/> Barriers to change will be identified and addressed in future CME activities</p> <p>Other:</p>		

<b>How does this activity align with the mission of the St. Vincent Hospital CME Program?</b>	<b>C1, C3, C12</b>
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*The CME program will design activities to effect change in **physician** competence, performance or patient outcomes. It is expected that participating **physicians** will report greater confidence in their approach to clinical problems or describe how they will change their behavior and apply newly acquired strategies into their practice (competence). Additionally, it is expected that **physicians** will demonstrate or report how they have implemented changes in their practice (performance). Planned methods of measurement include customized evaluation tools (related to the objectives and identified need of the specific activity) completed at the conclusion or within identified timeframes of activities.*

Select all that apply by placing an X in the appropriate box.

<input checked="" type="checkbox"/>	Designed to produce changes in physicians resulting in improved knowledge and competence (ability to apply knowledge, skills, ability, strategy and/or judgment in practice ( <b>knowing how to do something</b> )).
<input type="checkbox"/>	<b>Do Not Use This Box Unless You will be providing documentation of improvement.</b> Designed to produce changes in physicians resulting in improved performance or practice. (The degree to which participants do what the activity intended them to do. <b>Performance is competence put into practice</b> ).
<input type="checkbox"/>	<b>Do Not Use This Box Unless You will be providing outcome documentation.</b> Designed to improve patient- and systems-level outcomes (the consequences of performance and are defined as the ability of the learner to apply what they have learned to improve the health status of their patients or those of a community).

<b>Target Audience</b> <i>Based on the above analysis, please select all that apply – at least one from each category.</i>	<b>C4</b>
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Audience:	Geographic Locations:	Specialty:		
<input type="checkbox"/> Primary Care Physicians <input type="checkbox"/> Specialty Physicians <input type="checkbox"/> Pharmacists <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Rehabilitation Therapists <input type="checkbox"/> Social Worker <input type="checkbox"/> Residents and Fellows <input type="checkbox"/> Medical Students <input type="checkbox"/> Other: (specify)	<input type="checkbox"/> Local/Regional <input type="checkbox"/> National <input type="checkbox"/> International	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Anesthesiology  <input type="checkbox"/> Emergency Medicine  <input type="checkbox"/> Family Medicine  <input type="checkbox"/> Internal Medicine  <input type="checkbox"/> Neurology  <input type="checkbox"/> Oncology  <input type="checkbox"/> Pain Specialty                 </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Pediatrics  <input type="checkbox"/> Psychiatry  <input type="checkbox"/> Radiology  <input type="checkbox"/> Rheumatology  <input type="checkbox"/> Surgical Specialties: Trauma, General, orthopedic, Thoracic  <input type="checkbox"/> Other:                 </td> </tr> </table>	<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Oncology <input type="checkbox"/> Pain Specialty	<input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry <input type="checkbox"/> Radiology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Surgical Specialties: Trauma, General, orthopedic, Thoracic <input type="checkbox"/> Other:
<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Oncology <input type="checkbox"/> Pain Specialty	<input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry <input type="checkbox"/> Radiology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Surgical Specialties: Trauma, General, orthopedic, Thoracic <input type="checkbox"/> Other:			

<b>Desirable Physician Attributes/Core Competencies</b> (select 1 at minimum from ACGME Column.) <i>CME activities should be developed in the context of desirable physician attributes. Place an X next to all American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME), or Institute of Medicine (IOM) core competencies that will be addressed in this activity.</i>	<b>C6</b>
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ACGME Competencies (select 1 at minimum from this column.)	IOM Competencies-Optional	Interprofessional Educational Collaborative-Optional
<input type="checkbox"/> Patient centered care <input type="checkbox"/> Medical knowledge <input type="checkbox"/> Practice-based learning & improvement <input type="checkbox"/> <i>Evidence Based Medicine Activity</i> <input type="checkbox"/> <i>Quality or Practice Improvement</i> <input type="checkbox"/> System-based practice <input type="checkbox"/> <i>Healthcare Systems &amp; Resources</i> <input type="checkbox"/> <i>Patient Safety &amp; Advocacy</i> <input type="checkbox"/> Professionalism <input type="checkbox"/> <i>Professional Behavior</i> <input type="checkbox"/> <i>Ethical Principals</i> <input type="checkbox"/> <i>Cultural Sensitivity</i> <input type="checkbox"/> Interpersonal & communication skills <input type="checkbox"/> <i>Communication with Patient</i>	<input type="checkbox"/> Provide patient centered care <input type="checkbox"/> Work in interdisciplinary teams <input type="checkbox"/> Employ evidence-based practice <input type="checkbox"/> Apply quality improvement <input type="checkbox"/> Utilize informatics	<input type="checkbox"/> Values/Ethics for Interprofessional Practice <input type="checkbox"/> Roles/Responsibilities <input type="checkbox"/> Interprofessional Communication <input type="checkbox"/> Teams and Teamwork

<b>Faculty Selection</b> (Select all that apply by placing an X in the appropriate box)	<b>C7</b>
<b>Who will identify the presenter(s) and topic?</b>	
<input type="checkbox"/> Activity Chair <input type="checkbox"/> Planning Committee <input type="checkbox"/> CME Office <input type="checkbox"/> Other:	
<b>What criteria will be used in the selection of the presenters?</b>	
<input type="checkbox"/> Subject matter expertise <input type="checkbox"/> Excellence in teaching skills <input type="checkbox"/> Effective communication skills <input type="checkbox"/> Previous experience as a CME presenter <input type="checkbox"/> Other:	
<b>Please list proposed speakers / presenters (if known):</b> Please know that if a name is listed here, there must be a submitted disclosure form on file with the CME Office before the event. Disclosures are done yearly unless something new to disclosure during the year.	

<b>Activity Budget and Financial Support</b> <i>"In-kind" and/or commercial Support in the form of an unrestricted educational grant is allowed for CME activities; however, activities must be developed without the influence or support of any commercial entity. All financial support must be handled through the CME office.</i>	<b>C7, C8, C9, C10</b>
Are there expenses related to this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No  Will a registration fee be charged? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, how much?  Will this activity receive "in-kind" funding from the St. Vincent Hospital Foundation or other charitable organization? <input type="checkbox"/> Yes <input type="checkbox"/> No    How much?  Will this activity receive commercial support from a company such as a pharmaceutical or medical device manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No    You will need to provide a Letter of Agreement to the CME office for each grant.  Will you invite vendors/exhibitors to set up displays onsite? (If yes, please use the Exhibitor application form) <input type="checkbox"/> Yes <input type="checkbox"/> No  Will teachers/faculty be paid an honorarium? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If yes, please refer to St. Vincent Hospital policy on honoraria and expenses. There is a policy on who you can pay and the amount allowed. St Vincent affiliated employees are excluded from an honorarium.)  If yes, verify that you have read and agree to abide by the <a href="#">ACCME Standards for Commercial Support</a> : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I will ensure that financial support will be disclosed to the audience prior to the start of the activity. (Slide, hand out or verbal with documentation.)  <input type="checkbox"/> I have attached the activity budget (projected)  Please indicate <u>other</u> sources of funding for this activity (Check all that apply) <input type="checkbox"/> Internal Department Funds <input type="checkbox"/> Professional Society Fees <input type="checkbox"/> State or Federal Grant/Contract Other:  Please list your potential funding sources (if applicable):  Please indicate what will happen to any income after all expenses have been paid for this activity:	

<b>Disclosure and Resolving Conflicts of Interest</b>	<b>C7, C10</b>
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- I will ensure that all planners and faculty disclose relevant financial relationships via the St. Vincent Hospital Disclosure of Relevant Financial Relationships form at least 2 weeks prior to the CME event date.
- I will ensure, if there is a potential Conflict of Interest of a planning committee member or speaker, author, moderator, evaluator etc, I will partner with the CME Office to resolve any potential conflicts of interest identified. A Resolution of Conflict of Interest (RCOI) form will be completed by the CME Office and the St. Vincent Hospital Resolution of Conflict of Interest (RCOI) Policy is followed.
- I will ensure that all relevant financial relationships from planners or speakers will be disclosed to all learners prior to the start of the CME event.
- I will ensure that disclosure of all in-kind or commercial support is disclosed to the audience and documentation of such disclosure will be provided to the CME office.  
 Note: St Vincent Hospital CME, as the accredited provider, has oversight responsibility for the management of the commercial funds.

<b>Audience Generation and Handouts</b>	<b>C7, C10</b>
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Please indicate the method of publicizing this activity to prospective participants. (Check all that apply)

<input type="checkbox"/> Brochure / flyer	<input type="checkbox"/> Interdepartmental Mail / Notification
<input type="checkbox"/> Letter Invitation	<input type="checkbox"/> Announcement (print)
<input type="checkbox"/> Announcement (email)	<input type="checkbox"/> Monthly or weekly calendar
<input type="checkbox"/> Fax	<input type="checkbox"/> Posting at specific locations throughout hospital
<input type="checkbox"/> Website or St Vincent Intranet	<input type="checkbox"/> Save-the-Date

Will participants be asked to register for this activity? (You will be asked to supply the link for the website to the CME office.)  
 Yes     No

Please list the handouts that will be available for participants at the time of the activity (e.g., syllabus, slides)

**All proposed brochure/advertisement/handouts/online registration websites must be reviewed by the CME office prior to printing. All materials must use the current CME Accreditation, Designation, Commercial Support and have learning objectives clearly stated. This excludes Save the Date notices.**

*By signing, I agree to develop this activity in line with ACCME criteria as outlined by the St. Vincent Hospital CME Program. I further agree that all required documentation for this activity during the timeframe of the activity will be completed and submitted in a timely manner.)*

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**Course Director's Signature**

\_\_\_\_\_

**Date**

- Required Attachments:**
- All Planning Team Disclosures
  - Agenda with beginning and ending times with speakers and topics
  - Budget (projected)
  - Activity Evaluation Form

Need CME Help? Call Jane Mikosz at 338-3460 or email at [ilmikosz@ascension.org](mailto:ilmikosz@ascension.org)