

NORTON HEALTHCARE CME PLANNING FORM AND APPLICATION

The mission of the Center for Continuing Medical Education (CME) is to provide evidence-based medical education programs for physicians and healthcare providers that are designed to improve participants' competence, performance and/or patient outcomes. All CME activities must be planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME). It is the responsibility of the Norton Healthcare Center for Continuing Medical Education to assure that CME activities meet these requirements. Each section of this application identifies relevant ACCME Criterion. Through collaboration with activity planners we strive to provide high-quality continuing medical education programs.

(Please note, handwritten applications will not be accepted.)

ACTIVITY TITLE:
REQUESTING ENTITY(ies):
PROPOSED ACTIVITY DATE(s):
PROPOSED LOCATION:
Identify the Activity Type (ACCME Criterion 5) <input type="checkbox"/> Live Activity (Symposium/Conference/Seminar, Workshop, Lecture, Live Webcast) Select type: <input type="checkbox"/> Lecture <input type="checkbox"/> Dinner lecture <input type="checkbox"/> Full-day symposium <input type="checkbox"/> Half-day symposium <input type="checkbox"/> Live Webinar <input type="checkbox"/> Regularly Scheduled Series Select frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Enduring Material Select medium: <input type="checkbox"/> Web-based <input type="checkbox"/> DVD <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
TARGET AUDIENCE Who will benefit from the content of your activity? Select all that apply: <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> RN/LPN <input type="checkbox"/> APRN <input type="checkbox"/> PHARMD <input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> MSW <input type="checkbox"/> Other: _____
List physician specialties: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>

PLANNING COMMITTEE *(insert rows as needed)*

Each member of the Planning Committee must complete a CME Disclosure Form, which identifies relevant financial relationships, prior to activity planning. The Planning Committee should include at least one physician and a staff member from the Center for Continuing Medical Education, or consult with a staff member prior to planning.

A completed CME Disclosure Form for each individual must accompany this application.

Note: Regularly Scheduled Series (RSS) applications can omit this page. Information included on RSS Addendum.

PHYSICIAN COURSE DIRECTOR

Name/Degree: _____

Title: _____

Phone: _____

Email: _____

ACTIVITY DIRECTOR / COORDINATOR

This individual is responsible for operational and administrative support of the activity; including completion of all required documentation and follow-up reporting.

Name/Title: _____

Phone: _____

Email: _____

Name: _____

MD / DO RN APRN PA-C PHARMD PT OT ST MSW

Other: _____ Email Address: _____

Name: _____

MD / DO RN APRN PA-C PHARMD PT OT ST MSW

Other: _____ Email Address: _____

Name: _____

MD / DO RN APRN PA-C PHARMD PT OT ST MSW

Other: _____ Email Address: _____

Name: _____

MD / DO RN APRN PA-C PHARMD PT OT ST MSW

Other: _____ Email Address: _____

Name: _____

MD / DO RN APRN PA-C PHARMD PT OT ST MSW

Other: _____ Email Address: _____

Name: _____

MD / DO RN APRN PA-C PHARMD PT OT ST MSW

Other: _____ Email Address: _____

Name: _____

MD / DO RN APRN PA-C PHARMD PT OT ST MSW

Other: _____ Email Address: _____

Name: _____

MD / DO RN APRN PA-C PHARMD PT OT ST MSW

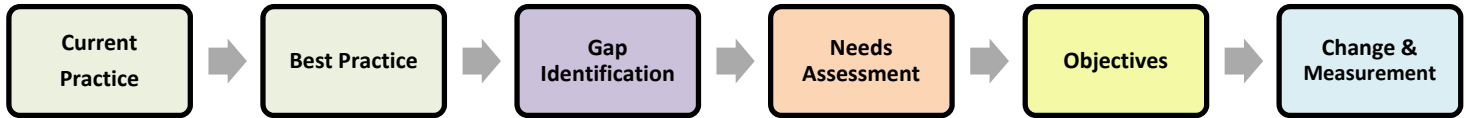
Other: _____ Email Address: _____

OVERALL EDUCATION PROGRAM PLANNING

This section addresses the overall education program and answers why you are planning this program; e.g. why is it important and what is your desired outcome. As each question is answered, focus on the overall education program. When you plan the agenda, each topic(s) should support the activity's overall learning objective(s).

The foundation of the CME planning process is the 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. ACCME defines this as the difference (or gap) between what the professional is doing compared to what is achievable on the basis of current professional knowledge.

The planning process for the education program is as follows:



PROFESSIONAL PRACTICE GAP

What is current practice?

What is best or evidence-based practice?*

**Please attach any documentation and sources of best practice; e.g. peer-reviewed journal article, specialty society guidelines, etc.*

What is the professional practice gap? Maximum of 100 words (ACCME Criterion 2, 3)

Type of Gap: Knowledge Competence Performance

What sources did you use to identify the professional practice gap(s)? Check all that apply *

- ABMS MOC criteria
- Clinical practice guidelines
- Epidemiological data
- Evaluations / feedback prior CME activities
- Government mandates / legislation
- Literature search
- Needs assessment
- New medical treatment
- New technology
- Peer-reviewed scientific / clinical publications
- Physician / faculty communication
- Planning committee
- Public health data
- Other: _____

Please specify

** Include copies of sources used*

STATEMENT OF PURPOSE / NEED FOR THE OVERALL PROGRAM

(ACCME Criterion 2, 3)

State the educational need (s) that you determined to be the cause of the professional practice gap(s) as identified in the previous question. (Maximum 50 words each, only complete for the type of gap(s) that are selected on page 3).

Knowledge need

Competence need

Performance need

State what this CME activity is designed to change in terms of learners' competence, performance and/or patient outcomes. (maximum 50 words)

Overall Program Objective(s)

(ACCME Criterion 2, 3, 5, 11)

The objective(s) help to keep the activity focused and identify the overall purpose of the activity. In identifying the objective(s) they should address the professional gap and be measurable.

After attending the program, participants will be able to:

Intended Change and Measurement

What do you intend to change AND how will this be measured? (ACCME Criterion 2, 3, 36, 37, 38)
Note: Levels 1-3 are participation, satisfaction, and knowledge; they are required for any CME activity.

Level 4 – Competence (Change in how to apply new knowledge to practice setting, shows how, the strategy)

Activity evaluation to include intent to change

Skill observation

Other: _____

***Level 5 - Performance** (Change in practice as a result of content learned, actually does)

Follow-up survey (See Outcomes Question below)

EPIC data / audits / trended data

Other: _____

***Level 6 - Patient Outcomes: Patient Health** (Change in health status of patients improves due to changes in the practice behavior as a result of content learned)

Morbidity/Mortality data

Chart audits

Patient follow-up survey

Other: _____

***Level 7 – Patient Outcomes: Community Health** (Change in health status of a community of patients due to changes in the practice behavior)

Norton initiative data

Epidemiological data

Other: _____

***For Levels 5, 6 and 7, please include a summary of your baseline data (pre- activity) including the data source. If information is available in EPIC, please list procedure / cpt code or other field for measurement. Additionally, please summarize your post-activity measurement strategy and timeline. Note, this can include quality and other measurement data that is currently available. Attach any necessary documentation.**

Will this activity have an impact on patients, and/or the community? (ACCME Criterion 38)

Yes please describe _____

No

Performance Outcome Measurement

Following the program, attendees will receive a survey to identify what changes they have made in their practice as a result of attending this program. This question will be asked, "What change(s) have you made in practice as a result of this activity"? (Criterion C 36)

Is there another key change in practice you would like measured specific to gap, objective(s) and/or content?

Yes

Please list question(s) or indicate that question(s) will be provided following the program:

No

Educational Method and Design

(ACCME Criterion 5)

Educational methods/design that will be used to seek to close the identified professional gap.

Select all that apply

- Case-based presentation
- Didactic lecture
- Debate, or point/counterpoint
- Panel discussion
- Procedure demonstration
- Question/Answer
- Role playing / Learning games
- Self-directed / Web-based activity
- Simulation
- Skill-based training
- Other: _____

Identify why the proposed format/methods selected are most appropriate for the activity.

Select all that apply

- Allows 24/7 participation of target audience
- Best method given budget restraints
- Best method to reach large audience for live in-person activity
- Consistent with learning preferences of the target audience
- Facilitates interaction between participants and faculty
- Opportunity to practice specific skills and receive feedback
- Share research and practice recommendations with practitioners
- Other: _____

DESIRABLE PHYSICIAN ATTRIBUTES/CORE COMPETENCIES

CME activities should be developed in the context of desirable physician attributes, including those identified by the American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME), Institute of Medicine (IOM) or Interprofessional Education Collaborative core competencies.

(ACCME Criterion 6)

ACGME/ABMS Competencies

- Patient care and procedural skills
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

Institute of Medicine Competencies

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

Interprofessional Education Collaborative Competencies

- Values/ethics for Interprofessional practice
- Roles/responsibilities
- Interprofessional communication
- Teams and teamwork

FACULTY SELECTION & PLANNING

(ACCME Criterion 7, 13)

Will the outline/agenda for this activity be planned independent of commercial interests?

- Yes No

Will speakers/teachers for this activity be identified independent of commercial interests?

- Yes No

What criteria will be used in the selection of the speaker(s)? *Select all that apply*

- Excellence in teaching skills Previous experience as CME presenter Subject-matter expert
- Other: _____

COMMERCIAL SUPPORT

When activities have commercial support, it is required that all educational activities be developed independently of commercial interests. (ACCME Criterion 7, 8, 9, 10)

Will this education program receive commercial support? Yes No

Will this education program have exhibits? Yes No

If yes, please list the potential funding sources/exhibitors?

If there is commercial support, please refer to the following:

- A final list of supporters and exhibitors is required by the Center for Continuing Medical Education prior to the event.
- All supporters and providers must sign Letter of Agreement form prior to this event.
- If this event will have exhibitors, please refer to the Center for Continuing Medical Education Policy on independence, commercial support and disclosure.

FINANCIAL CONSIDERATIONS

Will speaker(s) honorariums be provided? Yes No

Will speaker(s) expenses be reimbursed? Yes No

If yes to either of these questions, please note that ACCME guidelines require that any fees paid to speakers (honorariums, expenses, etc.) are to only be paid by the accreditor (Norton Healthcare) or joint provider (if applicable). Documentation of this payment is required, e.g. check requests, receipts, check copy.

In order to be good stewards of our resources, projected expenses and revenue should be determined prior to the activity and be submitted to the Center for Continuing Medical Education.

- The final budget for this education program is required.
- All speaker honoraria and expenses are to be paid to the speaker by Norton Healthcare. If this activity is jointly provided, it can be paid by the joint provider. All payments must adhere to the Honorarium Policy.

EDUCATION PROGRAM TOPICS / AGENDA

Once the agenda is finalized with session objectives, speakers, time and length of each presentation, please complete the Agenda Addendum form and submit to the Center for Continuing Medical Education. Additionally, a CME Disclosure form is required for each speaker prior to the activity.

Note educational contact hours, are for actual instruction (including Q & A), it does not include welcome/introductions, breaks, meals, etc. Final determination of CME credit hours will be made after review of the agenda.

RSS applications, please submit RSS Addendum Form.

Note: The Agenda Addendum form is required before a marketing brochure can be produced.

STRATEGIES TO ENHANCE CHANGE

What strategies will you use to enhance change as an adjunct to this activity? (ACCME Criterion 32)

Select all that apply

Physician-related Strategies to Enhance Change:

- Algorithms / Care Maps /Order sets with specific care parameters developed
- Chart stickers related to content
- Committee task force efforts
- Computer pop-ups /Decision support reminders
- Email reminders after the event
- Giveaway items to support the CME message (e.g., pedometers, guidelines, healthy snacks)
- Hospital and/or System Policy/ Process changes made
- Incentives / Rewards for compliance
- Peer Review / Peer-to-peer feedback
- Screening and/ or Assessment tools developed
- Summary points from speakers following program
- Other: _____

Patient-related Strategies to Enhance Change:

- Community education / Community screening / Informational brochures
- Newsletters / Diagrams / Feedback data
- Patient education materials / Patient information packets
- Patient reminders/ Call-back systems
- Patient satisfaction surveys
- Staff meeting reminders
- Other: _____
- None

COLLABORATION WITH OTHER ORGANIZATIONS

To effectively address population health issues, collaboration with other organization enhance the effectiveness of a CME activity in addressing community/population health issues. (ACCME Criterion 28)

In the planning and/or implementation of this activity, will you be collaborating with other organizations?

Yes No

List the other organizations you are working with: _____

If yes, what will their role(s) be? (check all that apply)

- Planner
 Speaker
 Other, please specify: _____

ALIGNMENT WITH NORTON STRATEGIC HEALTH INITIATIVES

Please select all that apply. (ACCME Criterion 1, 37)

- | | |
|--|--|
| <input type="checkbox"/> Administrative / practice development | <input type="checkbox"/> Patient access |
| <input type="checkbox"/> Chronic disease management | <input type="checkbox"/> Readmission |
| <input type="checkbox"/> Efficiency initiatives | <input type="checkbox"/> Sepsis management |
| <input type="checkbox"/> Infection prevention | <input type="checkbox"/> Patient experience |
| <input type="checkbox"/> Inpatient setting | <input type="checkbox"/> Patient safety |
| <input type="checkbox"/> Outpatient setting / ambulatory | <input type="checkbox"/> Other (please specify): _____ |

For approval, please type name

Signature of Activity Director/Coordinator

Date

By signing, I agree to develop this activity in line with ACCME criteria as outlined by the KMA. I further agree that the required documentation for this activity will be completed and submitted in a timely manner.

Thank you! Please email your completed application and requested documentation to the Center for Continuing Medical Education.

**Center for Continuing Medical
Education** Phone: (502) 446-5955
Email: cme@nortonhealthcare.org

FOLLOWING TO BE COMPLETED BY THE CENTER FOR CONTINUING MEDICAL EDUCATION

Providership Level	<input type="checkbox"/> Direct <input type="checkbox"/> Joint	<i>Joint Provider:</i>
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PLANNING COMMITTEE
(ACCME Criterion 7, 23)

Does the planning committee have members that represent the target audience?
 Yes No

Does the planning committee include members of interprofessional teams?
 Yes No

Methods of disclosure and identification / resolution of potential or actual conflicts that will be employed. (First box is required.)	<input checked="" type="checkbox"/> All faculty and planners will complete disclosures prior activity.
	<input type="checkbox"/> Disclosure information will be included on confirmation letter to attendees.
	<input type="checkbox"/> Disclosure results will be included in marketing text (i.e., brochure).
	<input type="checkbox"/> Disclosure results will be included on activity evaluation and/or syllabus.
	<input type="checkbox"/> Disclosure results will be displayed prior to the activity.
	<input type="checkbox"/> Moderator will make reference to the written disclosures.
	<input type="checkbox"/> Verbally by moderator; moderator is required to verify in writing that disclosure did occur and what content was included.

CME Coordinator: I have reviewed this application and agree with its content.

Name: _____ Date: _____

# AMA PRA Category 1™ credits approved:	_____ AMA PRA Category 1™ credits
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For RSS and Enduring Materials (only)

RSS Activity Enduring Material Application is valid thru: _____ Month _____ Year

Date reviewed/ approved:

James Frazier, M.D. <i>(For approval, please type name)</i>	Chairman, Norton Healthcare System Continuing Medical Education Committee or member of CME Committee Phone: (502) 420-2221 Email: james.frazier@nortonhealthcare.org
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Date reviewed/ approved:

Karen Busse, M.S., CCMEC <i>(For approval, please type name)</i>	Director, Center for Continuing Medical Education Continuing Medical Education Phone: (502) 446-5812 Email: karen.busse@nortonhealthcare.org
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Not Approved

Rationale: