

**CME Course Approval by CME Committee & CME Chair**

AMA PRA Category 1 CME Credit(s) <sup>™</sup>	Approved Budget:	Approval Date:	Expiration Date:
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## Application for CME Credit

***\*Applications must be submitted 30 days before each committee meeting for review.  
The Committee meets the fourth Tuesday of each month.***

Activity Title: _____		
Date: _____	Time: _____	Location: _____
Type of Activity for AMA PRA Category 1 CME Credit(s) <sup>™</sup> :	Number of credits needed: _____	
<input type="checkbox"/> Ethics Program	<input type="checkbox"/> Meeting (1 to 2.5 hours)	<input type="checkbox"/> Symposium (3 or more hours) <input type="checkbox"/> Regularly Scheduled Series
Total amount requested to be paid by the Covenant Health CME Department: _____		

Activity Director (Must be a physician and not the primary speaker. This person is responsible for reviewing all presentation materials for accuracy and bias and answering any questions that the CME Department might have.)		
_____	_____	_____
Name	Phone	Email

Program Coordinator: (This person is the primary <u>specialty</u> contact for the program and will serve on the planning committee.)		
_____	_____	_____
Name	Phone	Email
<input type="checkbox"/> If you are in a position to affect the content of this activity, please check the box and sign a Disclosure of Relevant Financial Relationship Form. <i>*All who are in a position to affect the content of CME activities need to sign a Disclosure of Relevant Financial Relationship Form. - C7</i>		

1. Which physician core competencies are being addressed by this educational activity - C6: Institute of Medicine Core Competencies (IOM)? (Desirable Physician Attributes) Check all that apply.

IOM Competencies:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Provide patient-centered care   | <input type="checkbox"/> Employ evidence-based practice | <input type="checkbox"/> Utilize informatics |
| <input type="checkbox"/> Work in interdisciplinary teams | <input type="checkbox"/> Apply quality improvement      | <input type="checkbox"/> Other:              |

2. Target Audience – C4, 9, 18: Describe the target audience for this program and how the content relates to their scope of practice. (Example: Physicians, PA, APRN, Nurses)

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**3. Professional Practice Challenge/Needs - C2:**

a. Describe the professional practice challenge that this activity is designed to meet. (Defined as the difference between actual and ideal performance and/or patient outcomes.)

**b. Gaps Identified in - C2:**

- Knowledge (awareness or understanding)
- Competence (knowing how to do something)
- Performance (the application of skills, abilities, and strategies one implements in practice)
- Patient Outcomes (data based, measured results)

**c. Needs assessment: (What data was used to identify the educational needs of the target audience?) - C2**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Previous Participant Evaluations | <input type="checkbox"/> Peer-Reviewed Literature        | <input type="checkbox"/> Quality or Patient Safety Issues |
| <input type="checkbox"/> Formal Request                   | <input type="checkbox"/> Program Committee               | <input type="checkbox"/> Performance in Practice          |
| <input type="checkbox"/> Survey of Target Audience        | <input type="checkbox"/> Performance Improvement Review  | <input type="checkbox"/> Ethics                           |
| <input type="checkbox"/> Informal Discussion              | <input type="checkbox"/> Prior Evaluation/ Outcomes Data | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Patient Care Audit               | <input type="checkbox"/> New Techniques/ Issues          |   |
| <input type="checkbox"/> Faculty Perception               | <input type="checkbox"/> Utilization Review Data         |   |

**4. Desired Result - C3:** Based on the need for this activity, what changes or improvements are you trying to make as a result of this activity?

**State 3 desired results**

**5. Outcomes Measurement Strategy- C6, C11:**

a. How will you evaluate after the activity to ensure you were effective at meeting the need and creating this desired result? For "Performance," you will need to submit documentation showing you have measured and the outcome. Acceptable data can be in the form of a survey to attendees asking questions on changes they have made after the activity or you may submit formal data. "Patient Outcomes" will need pre and post data showing outcome measurement.

**Competence**

- commitment w/ explanation to change
- demo of how to apply skill learned
- clinical/ case vignettes
- action plan to explain how strategy can be incorporated into practice
- post tests with case study
- observation of techniques
- standard activity evaluation
- other: \_\_\_\_\_

**Performance:**

- follow-up survey
- survey change in patient trends or health status (example: chart reviews)
- internal/ external data
- chart audit- individual and organizational
- other: \_\_\_\_\_

**Patient Outcomes:**

- standard activity evaluation
- follow up survey
- review of internal performance data
- instructor observation of skills
- chart audit- individual and organizational
- other: \_\_\_\_\_

**6. Barriers - C19:**

a. What are potential barriers you perceive in implementing changes for the targeted physicians to incorporate these changes into their practice?

- |   |  |
|---|--|
| <input type="checkbox"/> Cost/ Reimbursement/insurance issues         | <input type="checkbox"/> Do not agree with recommendations       |
| <input type="checkbox"/> Patient compliance issues                    | <input type="checkbox"/> Lack of resources                       |
| <input type="checkbox"/> Lack of experience                           | <input type="checkbox"/> No barriers                             |
| <input type="checkbox"/> Lack of consensus or professional guidelines | <input type="checkbox"/> Lack of time to assess/counsel patients |
| <input type="checkbox"/> Lack of opportunity (patients)               | <input type="checkbox"/> Other, please specify: _____            |

b. Will you attempt to address these barriers in order to implement changes in your competence and/or performance? - **C19**

- No - Why not? \_\_\_\_\_
- Yes - How? \_\_\_\_\_

**7. Objectives - C3:** Based on your desired results of this activity, what are the learning objectives for this activity?  
**State 3 objectives**

**8. Content Outline:**

a. Please define the proposed program agenda and estimated timeline - **C4, C9, C22**

**9. Recommended Speakers:**

List below or attach all speaker/presenter names, specialty, position, affiliations and contact information. Please attach a signed Disclosure of Relevant Financial Relationship form and CV for each faculty member. If honorarium is to be paid, indicate the amount.

**10. Program Faculty/ Speaker**

a. How was the speaker(s) selected? – **C7, C10**

- Committee meeting                       Physician Director                       Expert in the specified field
- Other: \_\_\_\_\_

**11. Disclosure- C7:** What methods of disclosure will be used?

- Placed on Printed Materials                       Posted on a Sign, Slide, or Overhead                       Announced at start of Activity or Session

**12. Instructional Format- C5:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Lectures followed by question periods | <input type="checkbox"/> Visual Aids                            | <input type="checkbox"/> Case presentation & discussion          |
| <input type="checkbox"/> Panel discussions                     | <input type="checkbox"/> Demonstration of procedures            | <input type="checkbox"/> Webinar presentation with discussion    |
| <input type="checkbox"/> Abstract Presentations                | <input type="checkbox"/> Video presentation with discussion     | <input type="checkbox"/> Bedside rounds & discussion of patients |
| <input type="checkbox"/> X-Rays/Pathology/Charts/etc           | <input type="checkbox"/> Performance workshop under supervision | <input type="checkbox"/> Other:                                  |
| <input type="checkbox"/> Handouts                              |   |  |

**13. Commercial Support**

a. Will commercial support be utilized for this activity? - **C7, C8**    Yes    No

If so, list the potential commercial supporters and the amount of support requested. All ACCME Standards for Commercial Support<sup>SM</sup> must be met.

b. Will the content be free of commercial bias? (Personal judgment in favor of a specific product or service of a commercial interest.) - **C7, C8**    Yes    No, please explain: \_\_\_\_\_

**14. Promotion:** How will you promote this course?

- |   |                                |  |
|---|--------------------------------|--|
| <input type="checkbox"/> Hard copy mailing of flyer/<br>brochure/invitation | <input type="checkbox"/> Email | <input type="checkbox"/> Newsletter Announcement |
|   | <input type="checkbox"/> Fax   | <input type="checkbox"/> Journal Advertisement   |

**\*Please read the following sections below carefully. (Please "x" each box below to state that you have read this and will submit the documentation needed.)**

**PRE-ACTIVITY ATTACHMENTS**

**\*Activity may not receive credit, even after being reviewed by the CME committee, unless all other documentation stated below is submitted. Please ensure every question has been addressed.**

- Needs assessment statement as stated in #3.c
- Disclosure of Relevant Financial Relationship Form from all individuals who have the ability to affect the content of this activity
- CV and or bio for each speaker/presenter
- Actual presentation, if commercial support is involved or speaker has conflict of interest to disclose
- Draft of promotional material, if applicable - *All marketing needs to be pre-approved. No pending statements of credit are allowable until approval of activity!*
- Handouts, if applicable
- Estimated budget, if applicable

**POST-ACTIVITY SUBMISSION**

\*Please submit the following documents after your activity.

- Sign In Sheets – *if applicable*
- Completed Evaluation Forms & Summary – *if applicable*
- Any assessment performed, if applicable - iClickers (electronic audience response system) may be available for your course
- Copies of receipts, bills, expenses

**\*Covenant Health will not jeopardize its status as an accredited provider of AMA PRA Category 1 Credits. As a result, failure to comply with guidelines or policies and procedures set forth by Covenant Health Continuing Medical Education Program may result in the refusal of AMA Category 1 Credit(s)<sup>TM</sup> for applications of future activities.**