Activity Planning Document/CME Application

This document is designed to assist planners in providing the information that Roper St. Francis Healthcare Department of Continuing Medical Education (RSFH CME) requires in order to evaluate a program to qualify for CME Category 1 credits. RSFH CME requires completed Disclosure forms for all Course Directors and Planning Committee Members, and faculty, upon completion and approval of the Activity Planning Document.

RSFH is accredited through the Medical Association of Georgia to provide continuing medical education for physicians. In order to be compliant with the Medical Association of Georgia, RSFH must adhere to the Medical Association of Georgia accreditation criteria. Throughout the application this criterion is indicated in red. The Accreditation with Commendation criteria – Option B is new and is labeled in blue. These criteria are now mandated for re-accreditation. RSFH will strive to meet these best practices through higher level of achievement. Please make sure to address these criteria for the educational program.

For more information on the planning process, please contact Kara L Melin in the CME Department at 843-958-1267.

Section A - General Activity Information

Activity Coordinator		
Name and Credentials:		
Mailing Address:		
Telephone:	Fax:	E-mail:
Physician Course Director		
Name and Credentials:		
Mailing Address:		
Telephone:	Fax:	E-mail:

What type of educational activity are you planning? (C-5) Please check one below
Live Activity: ☐ One-Time Meeting (Symposium/Conference) ☐ Multiple Events (same content, held during a year)   ☐ Internet Live (Webinar) ☐ Regularly Scheduled Series (RSS)
Learner-directed/Enduring Material: ☐ Journal-Based Activity ☐ Internet Point-Of-Care Activity   ☐ Test-Item Writing Activity ☐ Manuscript Review Activity
☐ Performance Improvement Activity
☐ Other (Please Describe):

Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients. Providers of clinical services directly to patients is NOT a commercial interest – unless the provider of the clinical service is owned, or controlled by, an ACCME defined commercial interest.

Commercial Support: is financial, or in-kind (non-monetary), contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity.

All program activity must be developed independent of commercial interest. (C7, C8, C9, C10)

Are you applying for educational grants/commercial? support? ☐ Yes ☐ No Please list companies/sponsors below	**Are you applying for exhibitor support?** ☐ Yes ☐ No Please list companies/exhibitors below

Reminder-All education must actively promote improvements in health care and NOT proprietary interests of commercial interests. **(C10/SCS5)**

In-Kind Support:
Will you be seeking in-kind support of Durable equipment ___ Facilities/Space ___ Disposable supplies (Non-biological) ___ Animal parts or tissue ___Human parts of tissue ___Other - description required: **Important Reminder: If commercial support is received, an accurate documentation detailing the receipt and expenditures of commercial support will be required within 30 days of the conclusion of the CME activity. The CME office has a CME Activity Financial Report form for this reporting. (C8/SCS5)**

Section B - Activity Details

Activity Title

Activity Date(s)   **Activity Location (if applicable)**

How will attendance be taken or participation confirmed?

Target Audience (check all that apply): Physicians_____   NPs_____   PAs_____   RNs_____

Anticipated # Participants: MDs_____   Non-MDs_____

Will there be a registration fee?   ☐ Yes   ☐ No   **If yes, proposed fee:**

Number of Credits Applying for (Credit for live activities is determined by measuring formal educational interaction time between faculty and the physician audience; 60 minutes' equals one (1) *AMA PRA Category 1 Credit™*; credit is designated in 15-minute increment or 0.25 credit increments and rounded to the nearest quarter hour.) Does not include welcome, business meetings and breaks.

Section C - Activity Planning

1. Overview (C2 & C3)

Please give a brief description your educational activity. The educational activity is designed to; increase knowledge or competence or improvement in performance or improve patient outcomes? Please identify the practice gap(s) of your learners on which the activity is based.

☐ Increase Knowledge   ☐ Increase Competence   ☐ Improvement in Performance   ☐ Improvement in patient outcomes

Brief description of educational activity:

2. Needs Assessment / Gap Analysis (C2)

Based on the main goal/description, what are the professional gaps in knowledge, competence, or performance you want to address? What about the current practice of these learners needs to change to achieve this goal? What is the problem you are trying to address? This gap can be expressed as the difference between "What Is" and "What Should Be":
"What Is" - The healthcare professional's current knowledge, competence and performance skills (current patient care)
"What Should Be" - Established standards and criteria that must be achieved to promote the highest quality clinical performance and optimal patient outcomes (optimal/ideal patient care).

Explain needs assessment/gap analysis:

2a. Needs Assessment Documentation

How were those practice gaps identified? What sources or kinds of information did you use to identify the gap in knowledge? Check all that apply. RSFH requires at least two examples of measured practice gaps that have been identified by your department/course director. An effective needs assessment will identify why the professional practice gap(s) exist and whether they are based on a lack of knowledge or competence, or due to sub-optimal physician behavior (did the physician do something wrong or fail to do something?). Part of the needs assessment is also to summarize the data used to identify the gaps listed above and indicate the sources used. Note that at least two different sources must be used, such as patient care indicators; quality assurance data; scientific evidence from the literature; opinion from clinical or scientific experts; information from the general public, the media and/or other environmental sources; observed data from local or national databases; and/or surveys from past participants or prospective learners. Whenever possible, quality improvement data should be included as a component of the needs assessment.

Needs Documentation:

Expert Needs

☐ Research Findings

☐ Institutional or National Core Measures

☐ Required by Government Regulation/Law

☐ Medical Audits/Other Patient Care Reviews

☐ NCQA Data/Quality Committee Recommendations

☐ Current Literature/Expert Opinion/New Advances

☐ Joint Commission Patient Safety Goal/Competency

☐ Other:

Participant Needs

☐ Target Audience Needs Assessment Survey

☐ Previously Related Evaluations Summary

☐ Professional/ABMS Requirement

☐ Requests from Physcians or Physician Groups

☐ Focus Panel Discussion/Interviews (Provide Summary)

Observed Needs

☐ M&M Data

☐ Hospital Admissions and Diagnosis Data

☐ Data from Outside Sources/Public Health Statistics

☐ Clinical Practice Data

☐ Institutional or system framework for quality improvement

4. Learning Objectives (C3)

Based on the practice gaps identified in section 2 & 3, please relate the needs to the desired result you intend to achieve. The objectives should be, actionable, measurable and specific. Objectives should include one or more of the following:

    a.   Increase knowledge as it relates to….
    b.   Improve competency of skills as it relates to…
    c.   Improve patient care/outcomes as it relates to…

Visualize the learning objectives for this activity as "stepping stones" that enable you and your faculty to take the learner from the identified need to the desired result. In addition, learning objectives must be measurable and written from the perspective of what you expect the learner to do in the practice setting with the information you are teaching. As such, objectives should contain action verbs and criteria that help activity planners evaluate whether the gap(s) was/were closed (e.g., whether the activity helped increase competence, improve physician behavior and/or improve patient outcomes). Verbs that are commonly used but should be avoided include: know, learn, understand and appreciate.

Please list learning objectives:

What do the objectives aim to change? What are the expected outcomes? (C3)

☐ Increase Knowledge - Facts and information acquired by a person through experience or education.

☐ Improve Competence - Having the ability to apply knowledge, skills, or judgment in practice if called upon to do so.

☐ Improve Performance - What a physician actually does in practice.

☐ Improve Patient Outcomes - Actual outcomes in individual patients and/or patient populations.

5. Competencies Addressed (C6)

CME Activities should be developed in the context of desirable physician attributes. Please choose from the competencies below and the desired physician attribute(s) that the activity will address. Check all that apply
For more information on the ABMS/ACGME competencies, please visit:
http://www.abms.org/Maintenance_of_Certification/MOC_competencies.aspx

ACGME/ABMS Competencies	Institute of Medicine Competencies	Inter-professional Education Collaborative Competencies
☐ Patient care and procedural skills	☐ Provide Patient-centered Care	☐ Values/Ethics for Inter-professional practice
☐ Medical Knowledge	☐ Work in interdisciplinary Team	☐ Roles/Responsibilities
☐ Practice based learning and improvement	☐ Employ Evidence-based Practice	☐ Communication
☐ Interpersonal and Communication skills	☐ Apply Quality Improvement	☐ Team and Teamwork
☐ Professionalism	☐ Utilize Informatics	
☐ System-based Practice		

6. Educational Design (C5)

What educational methods will you use as your instructional format to produce the desired change in the learner? Please check all that apply. In parenthesis are the competency areas each method addresses**.**

☐ Lecture (knowledge)

☐ Panel Discussion (knowledge/competence)

☐ Roundtable (knowledge/competence)

☐ Q&A Session (knowledge/competence)

☐ Small Group Work (knowledge/competence)

☐ Self-Directed Learning (knowledge/competence)

☐ Simulations (competence/performance)

☐ Case Studies (competence)

☐ Skilled Demonstrations (competence/performance)

☐ Other:

7. **Other Educational Strategies:** Are there other non-educational strategies that might be used to enhance change in your learners as an adjunct to this activity? These may include non-educational strategies such as patient information packets, pocket guides, reminders, wall charts, resources, tool kits, protocols, interactive web-based tools, etc.

☐ Patient education ☐ Patient reminder system ☐ Pocket Guides ☐ Provider education

☐ Provider reminder system ☐ Web based tools ☐ Wall Charts ☐ Tool Kits

☐ Other Resources:

7a. **Are there other stakeholders that the program is trying bridge a gap through collaboration and cooperation in population health issues? (C28)**

8. **Program Evaluation (C11 & C12)**

How will your measure if changes in knowledge, competence, performance, or patient outcomes have occurred? An evaluation tool is required to gage the effectiveness of the activity and to determine how effective the course objectives were in producing the desired result. ***Minimum evaluation tool is the post program survey.*** If you would like RSF CME to provide an evaluation tool, please check below.

All CME activities should strive to increase competence, improve physician behavior and/or patient outcomes. Thus, the major reason for planning your CME activity should be to close the gap(s) you have identified. Note that while increased knowledge is an acceptable need for the activity, it is not considered by the current accreditation system to be a sufficient outcome. At a minimum, the goal of the activity should be improved competence.

Measuring Knowledge/Competence	**Measuring Performance**
☐ Post Program Survey *Minimum Requirement	☐ New protocols or tools developed as a result of the activity
☐ Audience Response System	☐ Small group work in practice redesign or quality initiative
☐ Customized Pre- and/or Post Tests	☐ Case-based studies /chart audits / registry
Measuring Competence	☐ Direct observations / hands on simulations
☐ Pre- and/or Post Test	☐ Learner reported actual practice change
☐ Learner reported intended practice change	☐ Other:
☐ RSF provide evaluation tool	**Measuring Patient Outcomes**
	☐ Change in health status measure/outcomes/quality data

9. **Faculty and Planning Committee**

Please list all faculty speakers and individuals involved in the planning and development of this activity. This includes anyone involved in the meeting planning and logistics. ***All people listed are required to complete and submit a financial disclosure form.***

Name	**Activity Role**
Kara L Melin	Planning Committee: CME Coordinator

Disclosure Agreement: The absence or existence of a financial or other relevant relationship with any commercial company must be disclosed prior to the program beginning. This is done through the Disclosure Acknowledgement Form provided by the CME Office

Marketing / Advertising
RSFH CME MUST review and approve all marketing materials before they are distributed. This includes save-the-dates and full brochures.

The items listed below will be needed _throughout_ the CME application process. This list is a reminder of those items only. Not every program will be required to submit all the listed items, the CME Coordinator will inform you of the required items for your specific program. It is not necessary to send all these items with the application. Please send the application for CME Committee review and approval first.

- ☐ Proposed Agenda
- ☐ CME Activity Financual Report
- ☐ Financial Disclosures for all planning members/speakers
- ☐ Bio's for each speaker
- ☐ Needs assessment documentation
- ☐ Joint Providership Agreement
- ☐ CME Application Fee $500.00
- ☐ Copies of Presentations for each speaker - Must be turned in 2 weeks BEFORE the program. Failure to provide this material will result in the withdrawal of the CME credit.
- ☐ Written Agreements for Commercial Support - Must be turned in no later than one week before the meeting
- ☐ Exhibitor Applications - Must be turned in no later than one week before the meeting
- ☐ All program flyers, brochures, any type of advertising must be reviewed and approved by the CME Office before publishing

Completed Application Submission:

Please submit completed and signed copy to Kara L. Melin, CME Coordinator kara.melin@rsfh.com

Fax: 843.720.8409   For Questions: 843.958.1267

As the Physician Course Director, responsible for the educational content of the proposed CME Activity, I agree to comply with all policies and procedures of the Roper St. Francis Healthcare CME Office, the Medical Association of Georgia and the Accreditation Council for Continuing Medical Education (ACCME).

Course Director Signature: _____Date: _____

Approval:

CME Coordinator Signature: _____ Date: _____

Please respond to any of the following questions that may apply to your CME activity. This is the new Accreditation with Commendation criteria that RSFH will strive to achieve.

These questions are related to the promotion of team-based education

Are members of inter-professional teams engaged in the planning and delivery of inter-professional education (IPCE)? **Yes/No** **(C23)**	If yes, please identify.
Are patients/public representatives engaged in the planning AND delivery of CME? **Yes/No** **(C24)**	
Did you include any students of the health profession in your planning? **Yes/No** **(C25)**	If yes, please give names, student major and explain their roles
Did you include students of the health professions as faculty? **Yes/No** **(C25)**	If yes, please give names

These questions are related to addressing public health priorities

Will this program advance the use of health and practice data for healthcare improvement? **Yes/No** **(C26)**	If yes, how?
Does your activity teach strategies that learners can use to achieve improvements in population health? **Yes/No** **(C27)**	If "yes" – how?
Collaboration with other stakeholders to more effectively address population health issues? **Yes/No** **(C28)**	If yes, who? Please explain relationship(s).

These questions below are related to enhancing skills of learners

Will this program optimize communication skills of learners? **Yes/No** **(C29)**	If "yes" – how?
Will this program optimize technical and procedural skills of learners? **Yes/No** **(C30)**	If "yes" – how?
Is this program designed to create individualized learning plans for learners? **Yes/No** **(C31)**	If "yes" – how?
Are you planning any "support strategies" to enhance change as an adjunct to this CME program? **Yes/No** **(C32)**	If "yes" – how? Please provide examples – handouts, posters, flyers, giveaways, etc.

These questions below help demonstrate educational leadership

Does this education program support CME research and scholarship? **Yes/No (C33)**	**If "yes" – how?**
Will this program support the professional development of the CME team? **Yes/No (C34)**	**If "yes" – how?**
Will this program demonstrate creativity and innovation in the evolution of CME programs? **Yes/No (C35)**	**If "yes" – how?**

These questions below are to help provide ideas to show that the program achieved its planned outcomes. Select ONE from below if possible

Will you be able to demonstrate improvement (measure) in the performance of the learners who attend this CME program? **Yes/No (C36)**	**If "yes" – how?** **Please provide documentation when available.**
Will you be able to demonstrate healthcare quality improvement because of this CME Program? **Yes/No (C37)**	**If "yes" – how?**
Will you be able to demonstrate the impact of this CME program on patients or in your community? **Yes/No (C38)**	**If "yes" – how?**

Thank you!