

NASSAU UNIVERSITY MEDICAL CENTER

CONTINUING MEDICAL EDUCATION

Contact Mary Harms, Administrator CME
(516) 296-7389

Application for AMA PRA CATEGORY 1™ CME CREDIT

Submit this application, a draft copy of your brochure and a preliminary copy of the Budget Proposal for consideration at the next CME Committee meeting. Approval takes 60-90 days.

NAME _____ DATE _____

DEPARTMENT _____ DIVISION _____

E-MAIL _____ PHONE _____

PROGRAM TITLE _____

PROGRAM DIRECTOR (If different from above) _____

PROGRAM DATE(s) and Time _____ LOCATION _____

Requesting _____ credits Activity: [] New [] Repeat

[] Direct Providership

[] Joint Providership – Name of organization that is not an accredited sponsor

Name _____

Contact _____

Address/Phone _____

Are you collaborating with any other entities, institutions or organizations other than joint providers to help improve the impact of this activity? (e.g. community groups, governmental agencies, foundations or societies)

[] No [] Yes – who? _____

1) If Regularly Scheduled Series (RSS) – type: [] Grand Rounds [] Tumor board [] M&M Conference [] QA/QI [] Other (specify) _____

For RSS: Attach a completed schedule with Dates/topics/speakers. If you do not have this information for the entire session/year, then submit for 3 months and the outline for the year – follow up with the details ASAP prior to the activity

[] Will submit additional information at later date

How often do you plan to monitor the RSS: [] Weekly [] Monthly [] Quarterly [] Other _____

Describe a monitor system to collect and analyze data for RSS for compliance with the CME criteria:

Were improvement(s) from last RSS needed for this year from the evaluation summaries and what were they: _____

2) Faculty/planning committee –C7: Provide complete list of faculty/presenters, course director and planning committee including degrees, title and affiliation, role in CME activity (attach list)

3) Target Audience: (include specialties –required in all promotional and syllabus materials – check all that apply)

[] MD/DOs [] NP/PAs [] Pharmacists [] Nurses [] Psychologists [] Therapists [] Scientists [] Other _____

4) Describe the GAPS in Competence and /or Performance (C2):

The ACCME describes a professional gap as difference between what the target audience does now vs ideal or best practice. The provider incorporates into CME activities the educational needs (Knowledge, Competence or Performance) that underlie the professional practice gaps of their own learners;

Competence: knowing how to do something - ability to apply knowledge, skills, and judgment in practice.

Performance: what is actually done in practice - based on one’s competence but is modified by system factors.

Professional Practice Gap – difference between actual and ideal best practice - performance and/or patient outcomes

Please describe the professional practice gap of your learners that this educational activity will address: _____

Describe the educational need(s) specific to this educational activity that you determined to be the cause of your professional gap(s): **Knowledge needs** (areas where there is a lack of understanding) _____

Competence needs (areas where they don't have the ability to apply knowledge) _____

Performance needs (areas not applied in practice) _____

5) Needs Assessment (C2): How was the need for this program determined (the educational needs of knowledge, competence or performance identified for the target audience)? (Check all that apply, minimum of two):

- QA reports, practice guidelines, surveys (questionnaire, interviews), committee reports, expert consensus, self-assessment tests patient safety data, prior activity feedback, peer view data, M&M data, new technology or skill, ACGME/ABMS competencies, Institute of Medicine (IOM), Specialty curriculum requirements for training (MOC), Other _____

Please indicate the types of outcomes this activity is designed to change – C3 (check all that apply)

- Increased knowledge
 Increased Competence
 Increased Performance
 Improved Patient Outcome
 Other

With respect to the specific content of the CME activity –describe what the CME activity was designed to change in terms of the above learner's competence, performance and/or patient outcomes (e.g. outcome measures) C3

Will the activity address Public Health priorities? (check all that apply)

- Health informatics and the use of practice data
 Implementation strategies to improve public health

Will the activity create Behavioral Change? (check all that apply)

- Communication skills of learners
 Technical and procedural skills of learners
 Individual learning plans for learners
 Provides services and resources to generate and sustain long-term behavioral modification by learners

6) Core Competencies – C6

CME activities should address core competencies as determined by national or specialty society, specialty credentialing boards, or other sources of national priority. Please indicate the competency and/or other desirable physician attributes that will be used/addressed in the development of this activity.

Check all that apply (must include at least one of the following):

Accreditation Council for Graduate Medical Education (ACGME)/American Board of Medical Specialties (ABMS)

- Patient care** that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
- Medical Knowledge about** established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care.
- Practice-based learning** and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professions.
- Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

Institute of Medicine (IOM)

- Provide patient-centered care** – identify, respect and care about patient differences, values, preferences and expressed needs; relieve pain/suffering; coordinate continuous care; listen to, clearly communicate with and educate patients; share decision making and management; continuously advocate disease prevention, wellness, healthy lifestyle promotion, including focus on population health.
- Work in interdisciplinary teams** – cooperate, collaborate, communicate and integrate care in teams to ensure care is continuous and reliable
- Employ evidence-based practice** – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.
- Apply quality improvement** – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.
- Utilize informatics** – communicate, management, knowledge, mitigate error, and support decision making using information technology.

Interprofessional Education Collaborative Competencies – C20

- Values/Ethics for Interprofessional Practice**
- Roles/Responsibilities**
- Interprofessional Communication**
- Teams and Teamwork**
- American Medical Association’s Code of Ethics**
- Specialty Specific**
- Other** If Other, please specify: _____

- 7) **Learning Objectives – C3:** What are the learning behaviors exhibited by the learner?
(Example: At completion of this program, participants should be able to (1) describe the pathophysiology of allergic rhinitis (AR) (2) recognize the drug mechanisms of pharmaceutical agents employed in the treatment of AR, (3) evaluate the clinical efficacy of medications used to treat AR). (see Appendix: [Writing Learning Objectives](#))
These objectives should be measurable and include the increased competence and/or improved performance and/or improved patient outcome that you wish to address in this activity.
At the End of this CME activity, participants should be able to: _____
-
-

Objectives must be communicated to the *faculty/presenters* of this educational activity. Please indicate how these objectives will be communicated: (check all that apply)

- Speaker Letter
- Brochure/Flyer
- E-mail
- Other If Other, please specify: _____

The final galley proof of brochures and/or written announcements must be approved by the Office of CME prior to printing

- 8) **Educational Design – C5:** Please check the applicable learning/teaching method(s) planned for the proposed program. Considering the setting, objectives and desired results, what format(s) will you use to promote the changes identified in your objectives? (check all that apply)
- Live Activity
 - Internet Webinar – live activity
 - Teleconference – live activity
 - Enduring Material (e.g. CD/DVD, monograph, web based)
 - Performance Improvement
 - Internet point-of-care (POC)
 - Other – If Other, please specify: _____

Please indicate the instructional methods that you intend to use: (check all that apply)

- Lectures with questions & answers
- Panel discussion

- Skill-based training
- Case presentations
- Workshop
- Simulated Patients
- Standardized or Live Patients
- Laboratory activity (e.g. animal lab)
- Small group discussion
- Audience response system
- Symposium
- Train-the-trainer
- Solicitation of peer reviewed papers*
- Other – If Other, please specify: _____

*Please describe the methods for soliciting papers and presentations. Describe the peer review process used to select presentations. Describe how papers are group, topic objectives developed and then communicated to potential attendees.

Explain why the above educational format is appropriate to this educational activity: _____

9) Barriers – C18/19: CME activities should give consideration to the system of care in which the learner will incorporate new or validate existing learned behaviors. What potential barriers do you anticipate the learner may encounter when trying to make the changes this activity is designed to promote? (check all that apply)

- Cost
- Lack of Time to Access/Counsel Patients
- Lack of Administrative Support/Resources
- Insurance/Reimbursement Issues
- Patient Compliance Issues
- Lack of Consensus on Professional Guidelines
- Formulary Restrictions
- No Relevant Barriers
- Other If Other, please specify: _____

In this CME activity, how will you incorporate strategies to remove, overcome, or address these barriers? _____

10) Non- Educational Strategies – C17:

In the process of planning this activity, what non-educational strategies will you utilize to enhance the changes this activity is promoting? (check all that apply)

- Provider Reminders
- Provider Feedback
- Patient Surveys
- Standing Orders
- No Non-Educational Strategies will be used
- Other If Other, please specify: _____

11) Evaluation Methods –C11: How do you plan to evaluate this program? (Examples of evaluation instruments might include an evaluation form (see evaluation Form Ia) 6 to 9 months follow-up impact studies, pre/post-test, trained observer critique, focus groups, etc.

Nassau University Medical Center’s CME mission and MSSNY require that every CME activity be designed to change physician competence, and/or performance and/or patient outcomes. Which of the following outcomes is this activity designed to facilitate? (check all that apply)

- Increased Competence
- Improved Performance
- Improved Patient Outcomes

Note: Follow up reports/data will be required for each item selected above. MSSNY requests evidence that measurement of competence, performance, and/or patient health improvement actually took place for each activity. For example, if your activity is designed to improve physician performance, you also need to measure if physician improvement occurred and provide pertinent follow-up data upon request.

How will you measure if changes in competence, performance or patient outcomes have occurred? (check all that apply)

Learning/Competence Examples – C11:

- Evaluation/ Self Assessment (Required for CME credit) (form Ia)
- Audience Response System (ARS)
- Customized pre/post test including case examples
- Physician or patient surveys and evaluations
- Other If Other, please specify: _____

Performance Evaluation Examples:

- Adherence to guidelines
- Case-based studies
- Medical Record Data
- Customized follow-up survey/interview/focus group about actual change in practice at specified intervals
- Direct observation
- Physician or patient feedback, surveys and evaluations
- Reminders and feedback
- Other If Other, please specify: _____

Patient/Population Health Examples:

- Change in health status measure
- Change In quality/cost of care
- Measure mortality and morbidity rates
- Patient feedback and surveys
- Other If Other, please specify: _____

The impact of this educational activity will be demonstrated by the performance of: (check all that apply)

- Individual health professionals
- Process improvement
- Health of patients/ communities

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- 12) **Faculty:** Explain briefly speaker’s qualifications; include name, degree(s), title, interest or expertise relating to this program. Attach a mini CV or biographical sketch of your speaker. Speaker should include References pertaining to his/her program.

FUNDING

This activity must be planned within the ACCME Standards for Commercial SupportSM.

- 13) **Preliminary budget - C8:** Show income and expense (e.g. honorariums, appendix: [Policy on Honorarium and Reimbursement for CME Activities](#)) for this program: Proposed budget prior to program and final budget at the end of the program (see Budget Forms IIa & IIb).

14) **Commercial Support – C8**

- a. Is there commercial support for this activity? ____YES ____NO
If YES: **Written statement of agreement must be (see Forms IIIa & IIIb) sent to any commercial supporters (See appendix: [ACCME Standards for Commercial Support](#))**
If NO, how is the activity funded? _____
- b. If YES, attach a list of commercial supporters

- c. If receiving commercial support, how will this support be disclosed to the learners prior to the activity?
 Verbally
 Written
- d. Will there be exhibitors? YES NO
- e. If YES, attach a list of exhibitors
 If YES: How will you manage the separation of the exhibitors from the educational rooms and learners?
- f. Will you be accepting advertisements? YES NO

DISCLOSURE

15) Relevant Financial Relationships (RFR) (sample Forms IV a & b) – C7

This form must be completed by all presenters/planners if commercial support is or is not accepted.

Disclosure Statement: All activity planners, faculty/presenters and staff participating in this activity must complete a Faculty Disclosure form which must be updated every 12 months. These forms should be returned to us

16) Attendance Record (see sample Form V).

17) Certificate: Once the program has been approved an original of our sample certificate will be sent to you for distribution to the participants – make as many copies as needed for participants.

18) Checklist (*Our forms must be used)

CME APPLICATION MAY NOT BE ACCEPTED WITHOUT THE FOLLOWING: Identify materials have been submitted:

- Completed application *
- An agenda with start and end times of all live activities
- Activity materials and all handouts (powerpoints, slides, etc) with appropriate disclosure statements
- List of planners, presenters, moderators
- A CV or bio for each Faculty member
- A copy of the faculty invitation letter (if used)
- List of all commercial supporters (if applicable)
- List of all exhibitors (if applicable)
- Signed Commercial Support Agreements for all entities providing financial or in-kind support. (Form IIIb)*
- Preliminary budget (Form IIa)
- The Relevant Financial Relationship (RFR) form for each planner and presenter and moderator (Form IVb)*
- Copy of written disclosure information for RFR and/or commercial support
- A copy of any non-educational interventions (if applicable)
- The evaluation tool(s) for learners and faculty (Forms Ia, Ib, Ic)
- Monitoring tool for RSS (if applicable)
- Copy of all printed materials: brochure, flyer, CD/DVD covers etc. (Form VII)
- A copy of your sign-in sheet - if other than NUMC's form (Form V)
- Analysis of the outcome data from your previously-approved activity justifying need for this activity (if applicable)
- Copy of the verbal disclosure attestation form (Form VI) *

See section on Accreditation Statement and disclosure policy statement on instructions section

For Continuing Medical Education Committee only

- The program has been approved for Continuing Medical Education category 1 credits

Date of Program: _____ Number of credits: _____

- The program cannot be approved for CME category 1 credit until the following is submitted:
- Statement of Objectives, Need assessment, target audience
 - Program Brochure
 - Speaker(s) Biography(ies)
 - Other: _____

Comments/ Recommendations: _____

Rose Marie Young, MD
Director, CME

Date