



ADENA HEALTH SYSTEM REQUEST FOR CATEGORY 1 CERTIFICATION **CME ACTIVITY PLANNING FORM**

Requests are due at least 60 days prior to the activity. Physician planners or a representative of the CME Committee must present the application to the committee for final approval.

PLEASE ATTACH THE FOLLOWING TO THIS ACTIVITY PLANNING FORM:

- ___ Complete agenda including topics, speakers, objectives for each speaker, starting and ending times**
- ___ List of speakers with affiliation(s) and curriculum vitae(s)**
- ___ Outline/slides of all speakers' lectures for peer review (30 days prior to activity)**

Date of Application: _____ # Proposed Credits _____
(typically 1 credit per hour including Q&A)

Title of Activity: _____ Activity Date: _____
Location of Activity: _____ Time of Activity: _____

Physician Planner: _____ Department: _____
Planning Team: _____

GAP ANALYSIS – EDUCATIONAL NEEDS

- 1.) CME activities must be based on identified learner gaps in knowledge, competence, and/or physician performance. The gap is the difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional knowledge. **Please state below current practice, best practice and the existing resulting gap to be addressed for each topic OR attach Professional Practice Gap Analysis Form.** (For Regularly Scheduled Series, the gap analysis may be done at beginning of year for the whole year or on a monthly basis for each topic/session).

“Current practice” of proposed audience	“Best practice” What is the highest standard intended for learners to achieve?	What is the <u>Resulting Professional GAP</u> between current and best practice?

- 2.) What are the Educational Needs/Deficits that contribute to the professional practice gaps that should be addressed?

___ knowledge ___ competence ___ performance

EXPECTED RESULTS - FORMAT & DESIGN

- 3.) Based on educational need/s and expected results described in our CME Mission, the activity must be designed to change **physicians' competence, performance, and/or patient outcomes**.

Expected results are to change the following for professional:

- Competence (New abilities/strategies): Summarize the content and discuss its application in clinical practice.
 Performance (Implement skills, abilities, and strategies): Apply the content in a practice environment.
 Patient Outcomes (Affect on patients– ie health status, delivery of care, patient perceptions, and patient experience): Participate in tracking patient outcomes and document the findings – may be self reported.

- 4.) What **educational format and design** will help us facilitate this change(s) in competence, performance or patient outcomes in our learners? (*These must be appropriate for setting, objectives and desired results of this activity.*)

FORMAT

- Live Presentation/s Enduring Materials (specify electronic, written, etc.) _____
 Live Broadcast
 New Procedures and Skills Training Course (select if this course develops special procedural skills)

DESIGN

- Lecture Case Presentation Round Table discussions
 Simulation (break out) Audience Response System Other _____

- 5.) How were educational needs of the targeted learners identified? At least one of the following must be present to support the professional practice gaps/educational needs. Please indicate all that apply. **Documentation must be attached to this planning document to support sources below.**

- | | |
|---|---|
| <input type="checkbox"/> Current evidence-based, peer reviewed literature | <input type="checkbox"/> National guidelines or specialty board requirements |
| <input type="checkbox"/> Health statistics of hospital | <input type="checkbox"/> Performance or process improvement /QA studies |
| <input type="checkbox"/> Public health data | <input type="checkbox"/> Focus Panels or Key Opinion Interviews |
| <input type="checkbox"/> Committee findings/audits | <input type="checkbox"/> Medical staff input/internally identified problems (survey) |
| <input type="checkbox"/> Previous evals/outcomes data | <input type="checkbox"/> Committee, course chair or planning committee's opinions |
| <input type="checkbox"/> Opinion of experts | <input type="checkbox"/> New information |
| | <input type="checkbox"/> Practice guidelines or specialty society clinical guidelines |

APPLYING DESIRABLE PHYSICIAN ATTRIBUTES TO CONTENT

6.) Which competencies, attributes or initiatives will this topic address? These nationally established goals for physician core competencies should be addressed whenever possible in CME activities. **(Check all that apply and develop content associated with desired attributes).**

Patient Safety Issue _____

General Competencies: ACGME/AMBS/Institute of Medicine

___ Patient-Centered Care (PCC)/Patient Care
 -Provide care that is compassionate, appropriate & effective treatment for health problems to promote health.

___ Medical Knowledge
 -Demonstrate knowledge about established & evolving biomedical, clinical & cognate sciences & application in patient care.

___ Evidence/Practice Based Learning and Improvement
 -Able to investigate & evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.

___ Interpersonal and Communication Skills
 -Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates.

___ Professionalism
 -Carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.

___ Interdisciplinary Teams
 -Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

___ Quality Improvement/Systems Base Practice:
 -Identify errors and hazards in care; understand standardization and simplification; understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care, with the objective of improving quality.

___ Utilization of Informatics:
 -Communicate, manage knowledge, mitigate error, and support decision -making using information technology.

OBJECTIVES AND APPROPRIATE CONTENT – content should apply to the scope of practice of our learners

7.) Based on the desired results of the activity (gaps identified above), what are the appropriate Learner Objectives of the activity? **(Develop objectives to address the identified learning gaps of the target audience or the potential scope of their professional activities/practice).**

Specific educational objectives should be written for each particular subject or topic. They are statements of what the **learner** should expect to have accomplished at the conclusion of the learning activity and they should relate to the method of instruction.

Develop the number of objectives necessary to address the educational needs/gaps you identified on page 1. Objectives should be practical, measurable and doable by the participants upon completion of the activity. **(Submit objectives for multiple speakers, monthly or weekly topics for Regularly Scheduled Series.)**

At the conclusion of this activity, participants should be able to:

Objective 1	
Objective 2	

Objective 3

8.) Please write a **COURSE DESCRIPTION** that can be used to advertise this activity to the targeted audience:

EVALUATION AND EDUCATIONAL OUTCOMES:

9.) What type(s) of **evaluation tools/methods** will you use to measure whether the activity impacted physicians' competence, performance and/or patient outcomes?
 Every CME activity must use one or more educational outcomes measurement (EOM) mechanism (Option 1 – 5).

OUTCOME MEASUREMENT: Check the level of outcomes you intend to assess or measure

OUTCOME LEVEL (check all that you intend to measure)	To measure improvements in:	To be measured	Date
OPTION 1: CASE STUDY Multiple Choice Questions that measure application of knowledge to practice	Competence (immediate knowledge transfer and application of knowledge to practice)		During Activity
OPTION 2: PRE AND POST-TEST OR POST-TEST ONLY	Competence (immediate knowledge transfer, not yet put into practice)		Pre/ Post-Activity
OPTION 3: POST ACTIVITY EVAL (TRADITIONAL) Measures learner satisfaction and presents initial indicators towards commitment to change.	Competence (immediate knowledge transfer)	x	Imdt Post-Activity
OPTION 4: FOCUS GROUP	Qualitative measurement to seek more in-depth information.		Post-Activity
OPTION 5: PRE AND POST MEASUREMENT OF DATA (i.e. quality indicators)	Patient Outcomes (quality indicators pre and post-educational intervention and/or may be self-reported and anecdotal)		Follow-up
REQUIRED 6: POST-CONFERENCE/SERIES SURVEY (Measures learner ability to integrate objectives learned in their practice one – two months after event- Commitment to Change)	Performance (skills, abilities, applied in practice) Patient Outcomes	X Required	1 -2 month. Follow-up

Please complete the appropriate Option detail below to match the option you selected above:

OPTION 1

CASE STUDY: This exercise will measure COMPETENCE. Based on the content of the activity, submit a case study and test questions to assess participants' ability to apply the content of the activity to their practice (use multiple choice questions).

Following to be submitted by date: _____

CASE STUDY:

CASE STUDY QUESTIONS:

- Answer options (place an asterisk next to the correct answer):

OPTION 2

Pre and Post-Test or Post-Test only (Audience Response System).

Submit questions that will demonstrate and measure immediate knowledge transfer and confidence level at the beginning and conclusion of the activity.

___ Pre and Post-Test ___ Post-Test Only

Following to be submitted by date: _____

PRE/POST TEST QUESTIONS:

- Answer options (place an asterisk next to the correct answer):

OPTION 3 Commitment to Change - questions on evaluation forms

Please provide a list of additional questions you would like asked on the evaluation form.

1. _____
2. _____
3. _____

OPTION 4 Focus Group – Qualitative measurement to seek more in-depth information.

Suggested Participants	Contact Information	Phone Number

OPTION 5 Pre and Post-measurement of data (i.e. quality indicators) What data measurement can be provided and _____ a contact person to acquire that same data post-activity. This data can also be self-reported.

Data Source	Contact Person	Phone Number

REQUIRED 6 Post-conference/series survey. A follow-up survey will be conducted two months after every major symposium and quarterly for all other events excepting RSS Boards.

The post-symposium or series surveys should be designed to collect information on performance changes and patient outcomes that participants may have experienced as a result of implementing strategies/treatments learned at this activity.

Please list 2 – 4 questions that could be asked of the participants.

- CME department will develop all survey questions.
 I will provide additional questions at a later date.

1. _____
2. _____
3. _____
4. _____

COLLABORATION AND SYSTEM BARRIERS

- 10.) Are there other initiatives **within the institution** addressing this issue? yes no
If yes, please list the institutional initiative _____
- 11.) List other **external organizations** working on this issue. _____
- 12.) In what ways could we include these internal or external groups in our CME activity to help us address or remove barriers to physician change? _____
- 13.) The following **system barriers** (issues/processes that could block implementation of new behaviors) have been identified and will be addressed in this educational intervention to promote physician change:

NON EDUCATIONAL INTERVENTIONS

14.) What **non-educational interventions** will be utilized to support learners in achieving the intended results of the activity? (ancillary tools or processes that are not actually part of the CME intervention)

- patient reminders
- algorithms to reinforce new practices
- wall charts or pocket guides
- Other: _____
- office staff follow-up mechanisms
- learner reminder notification
- system interventions (please describe)

TARGET AUDIENCE

15.) What is the **target audience** for this activity? (Check all that apply)

- | | | |
|--|--|--|
| <p><u>Physicians</u></p> <input type="checkbox"/> ALL SPECIALITIES
<input type="checkbox"/> Anesthesiology/Pain
<input type="checkbox"/> Cardiologists
<input type="checkbox"/> Family Physicians
<input type="checkbox"/> Obstetricians/Gynecologists
<input type="checkbox"/> Psychiatrists
<input type="checkbox"/> Nephrologists
<input type="checkbox"/> Radiologists
<input type="checkbox"/> Pediatricians
OTHERS: _____ | <input type="checkbox"/> Oncology/Hematology
<input type="checkbox"/> Cardio/Thoracic Surg.
<input type="checkbox"/> ED / Urgent Care
<input type="checkbox"/> Internists/Hospitalists
<input type="checkbox"/> Orthopedic Surgeons
<input type="checkbox"/> Surgeons
<input type="checkbox"/> Neurologists
<input type="checkbox"/> Urologists
<input type="checkbox"/> ENT | <p><u>Extended Audience</u></p> <input type="checkbox"/> Nurses/Nurse Practitioners
<input type="checkbox"/> Physician Assistants
<input type="checkbox"/> Dieticians
<input type="checkbox"/> Therapists _____
<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Social Workers
<input type="checkbox"/> Chaplains
<input type="checkbox"/> Chiropractors |
|--|--|--|

SCOPE: AHS 50 mile region 100 mile region _____

ESTIMATED ATTENDANCE: Please write the number of estimated attendees for each category:

AHS physicians _____ Non-AHS physicians _____
 AHS Extended Audience _____ Non-AHS Extended Audience _____
 Other _____

ACTIVITY PROMOTION

16.) How will prospective participants be notified of the activity?
 Save the Date Brochure Flyer Email Newspaper
 Journal Publications _____

The Office of CME must review and approve all drafts of brochures, flyers PRIOR to printing, posting or mailing.

FACULTY/SPEAKERS

17.) Who is the appropriate faculty to cover this content? Presenters should have a demonstrated expertise in the therapeutic field and be able to address the needs and objectives listed in this document. (Attach CV and bio)

Faculty expert(s):	Title and Affiliation:	Qualifications
_____	_____	_____
_____	_____	_____

AUDIO/VISUAL MATERIALS

18.) Please indicate the type of educational tools you will use and equipment needed for the CME activity.

- Slides
- Medical publications
- Audiotapes/Videotapes
- LCD/Computer for PowerPoint presentation
- Audience Response System
- Other: _____

PROPOSED ACTIVITY BUDGET - Please provide an estimated budget for the proposed CME activity.

EXPENSES

INCOME/SUPPORT

Honoraria \$ _____

Registration Fees \$ _____
(Physician fees to be determined. Separate fee for Non-physicians? Estimate may be \$25 - \$120.)

Travel/Hotel \$ _____

Educational Grant/s Amount Company Name

Publicity \$ _____

\$ _____

Dietary \$ _____

\$ _____

Miscellaneous \$ _____

\$ _____

(Please explain)

\$ _____

Exhibit Fee/s \$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Other Support \$ _____

Total Expenses \$ _____ **Total anticipated Support:** \$ _____

Subsidy Requested From CME Operations Budget:

\$ _____

SIGNATURES

The CME Committee has reviewed this event and found it meets the OSMA Essentials and Standards for Commercial Support. The motion for approval can be found in the CME Committee minutes.

PLANNING MEETING NOTES: