



Guthrie Health
Office of Continuing Medical Education
Application for Category 1 CME Credit for a Live Activity

Applications for continuing medical education (CME) activities must be received at the **beginning stages** of program development so that the Office of CME can review the activity information to determine whether the program meets the definition of Category 1 credit as defined by the American Medical Association and complies with the Essentials Areas, Elements, and Standards of the Accreditation Council for Continuing medical Education (ACCME). **Promotional materials for the program requesting CME MAY NOT be printed until they are approved by the Guthrie Health Office of CME.**

Date of Application:

Meeting Planner/Requestor:

Telephone:

Accrediting Institution: Guthrie Health

Address: One Guthrie Square, Sayre, PA 18840

Program Director (if different than requestor)

Telephone:

Type of Activity: _____ Live conference – single or multi-day meeting presented only one time at one location

_____ Regularly Scheduled Series – activity that occurs on a regular basis with global objectives

_____ Reoccurring Series – a single activity repeated several times at various locations

Title of Activity:

Activity Date(s):

Total Credit Hours Requested:

Venue for Activity:

City:

State:

Anticipated mail date for promotional materials:

Planning Committee

(All individuals involved in the planning of this activity who have control over the content. A disclosure for each of the individuals must be attached to the application)

Names of Planning Committee:

Needs Assessment/Planning Process

1. Please identify the professional practice gap(s) addressed with this CME activity. A professional practice gap, or quality gap, is the difference between what is currently being achieved and what could be achieved using best practice guidelines. These can go beyond patient care and include systems-based practice, informatics, leadership, and administration.

Questions to help identify practice gaps:

- What data or sources are available that might identify areas where improvement is needed? (Quality or Departmental data, reports, chiefs, committees, or staff)
 - What keep your Chief up at night? Why?
- What are the most common cases seen in your department?
- If you survey for physicians' expressed needs, ask:
 - "Describe the key issues or obstacles to care you or your colleagues encounter?"
 - "What kinds of clinical situations do you find difficult to manage or resolve?"
 - *Instead of* "What topics are you interested in?"

2. What data sources were used to identify learner's need(s)? (Check all that apply and attach supporting documentation)

- | | |
|--|---|
| <input type="checkbox"/> Evaluation Data from Prior Activities | <input type="checkbox"/> Epidemiologic Trends |
| <input type="checkbox"/> Literature/Web Research | <input type="checkbox"/> State or National Patient Care Data |
| <input type="checkbox"/> Regulatory Requirements | <input type="checkbox"/> Medical Specialty Association Recommendations |
| <input type="checkbox"/> Performance Improvement Activity | <input type="checkbox"/> Quality Improvement Analysis |
| <input type="checkbox"/> Pre/Post Tests | <input type="checkbox"/> Survey of Physicians |
| <input type="checkbox"/> Recommendations of Experts | <input type="checkbox"/> Medical Specialty Board – Maintenance of Licensure |
| <input type="checkbox"/> Other, please specify: _____ | |

Web-accessible Resources for needs assessment

1. JAHCO – www.jointcommission.org
2. New England Journal of Medicine – www.content.nejm.org
3. The State of Quality Healthcare – www.ncqa.org
4. Institute for Healthcare Improvement – www.ihl.org
5. National Institute for Quality Improvement and Education – www.niqie.org
6. Journal of the American Medical Association – www.jama.ama-assn.org
7. US Department of Health and Human Services – www.hhs.gov
8. CMS Hospital Compare Website – www.hospitalcompare.hhs.gov
9. PA Department of Health = www.dsf.health.state.pa.us
10. AHRQ national Healthcare Quality Report – www.ahrq.gov

3. The educational need related to the practice gap(s) are: (Check all that apply)

- Knowledge-based (Information)
 Competence-based (Ability to apply information and skills)
 Performance-based (Actual implementation or application of information or skills)

With reference to the sources identified in Question #2 above, summarize the need(s) related to the practice gap(s):

4. Who is the target audience and how is the content of this activity related to their current or potential scope of professional activities?

5. Instructional Objectives: if you are requesting more than 2.0 credit hours, please identify the objectives for each presentation on the Program Agenda and attach the agenda to this application. Otherwise you may list the objectives below. Please use active, learner-centered objectives for this activity written to reflect the performance your learners should be able to exhibit as a result of participation in the activity. (Please see attached list of verbs, page 6)

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

- 1.
- 2.
- 3.
- 4.

6. Which ACGME/ABMS competencies are addressed with this CME activity?

- Patient Care – compassionate, appropriate, and effective for treatment of health problems and the promotion of health
- Medical Knowledge – sound knowledge of biomedical, clinical, and cognate sciences and the application to patient care
- Practice-based Learning and Improvement – investigation and evaluation of the physician's own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- Interpersonal and Communication Skills – effective information exchange and teaming with patients, their families, and other health professionals
- Professionalism – commitment to carrying out professional responsibilities, adhere to ethical principles, and sensitivity to a diverse population
- Systems-based Practice – actions that demonstrate 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 optimal

7. Based on the identified gaps and target audience, what is the best educational design for this activity? (Check all that apply)

- Conference/Seminar/Workshop Web-based Audio Enduring Material
- Presentation/Live Lecture Case Studies and Discussion
- Panel Discussions Demonstration/Skills Development
- Role Playing/Standardized patient Round Table/Breakout Discussions
- Literature Review, Video/Audio Archives

How did you identify the appropriate format and educational design for this activity?

8. Describe the process for curriculum development and faculty selection for this activity.

9. Teaching Staff: Please list all individuals who will serve as faculty for this activity. Include a copy of the faculty(s) CV with this application. A Disclosure form for each faculty member must be submitted to the Office of CME along with the completed application. ALL CONFLICTS MUST BE RESOLVED PRIOR TO THE ACTIVITY. A Conflict of Interest Reporting Form for each identified conflict is due at least 2 weeks prior to the activity.

10. Are there any other organizations/department involved in the planning and implementation of this activity?

- No
- Not at this time. We are exploring collaboration with:
- Yes. Please describe collaboration

11. Is there potential to link this activity to patient or community education?

- No
- Not at this time. We may explore the possibility in the future.
- Yes. Please describe:

12. Are there any associated non-educational strategies planned to support this activity? Non-educational strategies can include items like reminders, patient satisfaction questionnaires, physician incentives, peer-to-peer feedback.

- No
- Not at this time. We may explore the possibility in the future.
- Yes. Please describe:

13. Identify the anticipated changes in learners' competence, performance, and/or patient outcomes as a result of the activity and describe how this activity will benefit the physician learners, and/or their patients:

14. Have you identified any potential barriers outside of your control or the learners' control that could limit or block the desired changes/outcomes? If so, do you have any strategies to address those barriers?

- No
- Yes. Please describe:

15. What mechanism will you use to measure the effectiveness of the expected outcomes? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Post Activity Evaluation | <input type="checkbox"/> Follow-up Survey or Skills Assessment of Learners |
| <input type="checkbox"/> Pre/Post Tests | <input type="checkbox"/> Formal Study |
| <input type="checkbox"/> Performance improvement/Chart Audits | <input type="checkbox"/> Quality Improvement Analysis/Statistical Review |
| <input type="checkbox"/> Patient Surveys | <input type="checkbox"/> Public Perception/Media perception |
| <input type="checkbox"/> Other. Please describe: | |

Evaluating the Impact of your Activities

There are many ways to measure whether learners made changes or not after a CME activity. Here are examples/options:

- Ask learners as a session what they plan to do differently based on the education provided (summarize responses)
- Follow-up with learners 1-3 months later to ask about actual changes they tried in practice (what worked, what didn't, why)
- Look at quality measures before and after education is provided (especially for multiple sessions that address the same gap in practice)
- Compare department or learner-specific measures related to your session
- Revisit the source where you identified the gap in the first place. How did you know it was a problem? Has the problem improved or not?
- Verbally ask about changes in practice that were been tried based on key lessons from a previous session (jot down one or two per session and submit to CME Office)
- See models for case conferences and tumor boards (page 5)
- See sample CME evaluation form

Expected Results Examples:

In selected lectures in the medical grand round weekly series, participants will be asked on the evaluation form to state what elements of the information presented in the lecture will be incorporated into their practice. This will be accomplished with either a paper evaluation form to be completed and returned at the conclusion of the lecture, or with an audience response system to record responses in aggregate. Data gathered from this process will enable the CME Committee to determine effectiveness of activity content in meeting identified practice gaps. (*Competence*)

For activities in the area of state public health initiatives, follow-up outcomes evaluations are sent to learners of activities three to six months after the completion of the activity to determine the degree to which the learners are actually implementing information acquired in the activities. It is expected that 50% of learners used the information in their practice to improve patient care. (*Performance*)

Further, public health initiatives will be based on data secured from the PA Department of State Health Services. A comparison of the same data used in initial needs assessment will be conducted at an appropriate time interval to determine if there have been improvements, i.e. number of cancer survivors or number of children immunized. (*Patient Outcomes*)

16. Agenda: if the requested credit designation for this activity is more that 2.0 credit hours, please attach an agenda that lists the topic, scheduled time for each presentation, invited faculty, and objectives for each presentation.

17. Commercial Support: A commercial interest is defined as “any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exception of non-profit or government organizations and non-health care related companies.” The ACCME does not consider providers of clinical service directly to patients, such as group practices or for-profit hospitals, to be commercial interests. All financial support given from a commercial interest to fund a Category 1 CME activity must comply with the ACCME’s Standards for Commercial Support and must be paid in the form of an educational grant to Robert Packer Hospital.

Do you intend to seek commercial support for this educational activity? Yes No
(If you intend to seek commercial support you must call the Office of CME)

Post-activity wrap materials due no later than 2 weeks post activity should include:

- Sign-in sheet
- Completed Evaluations
- Evaluation Summary (if applicable)
- Verification of Disclosure (faculty and/or commercial support, if applicable)
- Financial Report

All questions can be addressed to Trish Stern, CME Coordinator via e-mail at stern_trish@guthrie.org or via telephone at 570-882-5762.

Model for Case Conferences

- Avoid “fascinomas”
 - Choose cases or identify evidence-based articles that can be applied to practice
- Include a series objective like:
 - Attendees will be able to identify at least two learnings they will incorporate into their practice.
- During the last five minutes of each session:
 - Ask attendees to identify the key concepts from the presentation
 - Ask attendees to write down for themselves 1-2 learnings that they plan to use in practice
- During the first five minutes of the next session, ask attendees:
 - Who tried any of the key learnings from the last session?
 - Which were successful, which weren't, and why?
- Provide a summary of key learnings, and later, successor or barriers identified as a result of trying these learning, to the CME Office
- Share identified barriers with department Chief (may also share changes in practice, where appropriate)

Suggestions for Tumor Boards

- Ask the clinician who suggests the case to briefly note why
 - i.e., difficult case; common case; specialist expertise needed
- Choose cases where there is a gap in practice
 - i.e., challenging problem; new guidelines; frequent problem
- Summarize the practice recommendations made for each case (blinded)

Guthrie Health
Office of Continuing Medical Education
List of Verbs for Formulating Educational Objectives

Information				
Cite	Identify	Quote	Relate	Tabulate
Count	Indicate	Read	Repeat	Tell
Define	List	Recite	Select	Trace
Describe	Name	Recognize	State	Update
Draw	Point	Record	Summarize	Write
Comprehension				
Assess	Contrast	Distinguish	Interpolate	Restate
Associate	Demonstrate	Estimate	Interpret	Review
Classify	Describe	Explain	Locate	Translate
Compare	Differentiate	Express	Predict	Compute
Discuss	Extrapolate	Report		
Application				
Apply	Employ	Match	Relate	Sketch
Calculate	Examine	Operate	Report	Solve
Choose	Illustrate	Order	Restate	Translate
Complete	Interpolate	Practice	Review	Treat
Demonstrate	Interpret	Predict	Schedule	Use
Develop	Locate	Prescribe	Select	Utilize
Analysis				
Analyze	Criticize	Diagram	Infer	Question
Appraise	Debate	Differentiate	Inspect	Separate
Contact	Deduce	Distinguish	Inventory	Summarize
Contrast	Detect	Experiment	Measure	
Synthesis				
Arrange	Construct	Formulate	Organize	Produce
Assemble	Create	Generalize	Plan	Propose
Collect	Design	Integrate	Prepare	Specify
Combine	Detect	Manage	Prescribe	Validate
Compose	document			
Evaluation				
Appraise	Critique	Evaluate	Rank	Score
Assess	Decide	Grade	Rate	Select
Choose	Determine	Judge	Recommend	Test
Compare	Estimate	Measure	Revise	Record
Skill				
Demonstrate	Hold	Massage	Pass	Visualize
Diagnosis	Integrate	Measure	Percuss	Write
Diagram	Internalize	Operate	Project	Empathize
Listen	Palpate	Record		
Attitude				
Acquire	Exemplify	Plan	Reflect	Transfer
Consider	Modify	Realize	Revise	

Guthrie Health
Office of Continuing Medical Education
Disclosure Statement for CME Faculty

Guthrie Health must ensure balance, independence, objectivity and scientific rigor in all of its CME Category I sponsored educational activities. We have implemented a process where everyone who is in a position to control the content of an education activity has disclosed to us all relevant financial relationships with any commercial interests. If it should be determined that a conflict of interest exists as a result of the disclosure, the conflict will need to be managed prior to the activity. If you refuse to disclose financial relationships, you will **not** be able to be a part of the planning and implementation of this activity.

Name:

CME Activity:

Date of Activity:

First, list the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. We consider the relevant financial relationships of your spouse or partner to be yours.

Second, describe what you or your spouse/partner received (ex: salary, honorarium etc). Do not enter how much you received.

Third, describe your role

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For What Role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>

I do not have any relevant financial relationships with any commercial interests.

Example terminology

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities (please specify).

One of the following must be returned with this disclosure form if a relationship was identified:

- Copy of presentation
- Outline of presentation

I attest that the information above is accurate and confirm that I am not receiving direct payment from a commercial entity for honorarium, travel or other expenses. I also agree to abide by all CME policies of Guthrie Health. I agree that all elements of the educational activity for which I am responsible will be balanced, based upon the best available scientific evidence, and free of commercial influence.

Signature: _____

Date: _____