



THE OFFICE OF CONTINUING MEDICAL EDUCATION
CME APPLICATION AND PLANNING GUIDE

Application for Approval of AMA PRA Category 1 Credit™

This form is designed to facilitate the process of planning, implementation, and evaluation of a continuing medical education activity that will comply with the Essential Areas and Standards of the Accreditation Council for Continuing Medical Education. After an initial meeting with CME staff, please submit the completed application and attachments with all required signatures to the CME Program Coordinator/Manager.

It is the responsibility of the CME Office to document compliance with ACCME criteria before granting approval for educational activities for CME credit. ACCME criteria are cited as appropriate with questions on this form. If you wish to meet with someone in the CME Office to review any aspect of application requirements, please contact the Office of Continuing Medical Education at x6235. Additional forms and information may be accessed by visiting our web site at: www.mmc.edu/lifelonglearning.

An application must be submitted and approved for your educational activity to be considered for CME credit.

Date of Application: _____

PROGRAM INFORMATION:

Program Title: _____

Anticipated Date(s) _____

Location of Program: _____

Sponsoring Department or Organization: _____

Type of Activity:

- New
- Course (conference, symposium etc.)
- Short Activity/lecture
- Enduring Materials (*specify*) _____
- Annual Activity
- RSS (Grand Rounds/Tumor Boards)
- Other (*specify*) _____

AMA Credits Requested: _____

Frequency of Meetings: Weekly Monthly Twice Monthly Other

Days of week scheduled: Mon. – Fri. _____ Time: From: _____ To: _____

Choose Only One: Direct Sponsor

Meharry Medical College

Joint Sponsor

Name: _____

PROGRAM DIRECTOR:

Name: _____ Email _____ Phone _____

Department/Title: _____ FAX#: _____

Address: _____ City/State/Zip: _____

Program Coordinator _____ Email _____ Phone _____

JOINT SPONSOR:

Name: _____ Email _____ Phone _____

Department/Title: _____ FAX#: _____

Address: _____ City/State/Zip: _____

Program Coordinator _____ Email _____ Phone _____

ACCME Criterion 7: The provider develops activities/educational interventions independent of commercial interests.

The ACCME requires that all phases of planning occur in the absence of commercial influence including the determination of needs, educational objectives; content, educational format/methodology, personnel who can influence educational content, and evaluation of the educational activity.

1. Independence of the Planning Process

A. Describe the Planning Process:

List all individuals who are involved in planning:

Name	Affiliation	Disclosure Form (check one)		
		Attach	Fax	Email

Note: All planners must complete Resolution of Personal Conflicts of Interest Form. The form must accompany this application.

B. Purpose: What is this activity designed to change? For example, is it designed to improve competence, improve knowledge, or patient outcomes?

ACCME Criterion 4: Content is developed to meet the scope and practice of the target audience.

The purpose for continuing medical education is to generate educational activities around content that matches the scope and practice of the target audience. Please indicate both the general type of health professional that you want to target (i.e., physicians, nurses, etc.) as well as the specific type of learner within broad categories (i.e., primary care physicians, pediatricians, etc.). Students, residents and fellows should **NOT** comprise the primary target audience for a continuing medical education activity.

2. Please identify the target audience (Check all that apply).

- Physicians
- Nurses
- Healthcare Administrators
- Allied Health Professionals (*specify*):

3. Please identify specific learner types (scope and practice of the target audience) (Check all that apply).

Types:

- Physician Specialists (list Specialties)
- Family Care Physicians
- Residents
- Medical Students
- Other (*specify*):

Demographics (*Check all that apply*).

- Internal (MMC providers)
 - External (Nashville’s community providers)
 - Other (*specify*):
-

ACCME Criterion 2: The activity is developed to address the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of your learners.

CME activities sponsored by MMC are intended to foster the continuing professional development of physicians and other health professionals. However, these activities are not simply to provide “education for education’s sake.” Rather, the educational offerings **must** be designed to increase **competency, influence behavior, and improve patient outcomes**. The “**educational gap**” is expressed as the **difference between current practice and ideal practice** to give the best care possible to patients.

- 4. What resources did you consult to determine professional practice gaps of your target audience?** (*ACCME requires supporting documents which helped you determine the gaps that MUST be included with the application*). (*Check all methods that apply*).

Needs Assessment

Expert Opinion

- Scientific Evidence/Publications
(attach journal articles, internet searches)
- Professional Practice
(provide meeting notes or summary)
- Self-Assessment/Faculty Perception
- Consensus of experts (*attach minutes, notes*)
- Planning Committee Members (*attach notes*)
- State or National Health Guidelines (*specify*)
- Statistical Trends (locally/nationally)

Health Data Analysis

- Chart Reviews
(attach relevant data)
- TN Public Health Data
- Reports/Medical Audits
(attach reports, minutes)
- Database Analysis (*attach summary report*)
- Health Indicators (CDC, CMS, etc.)
- Mortality/Morbidity Statistics
- Patient Care/Quality Assurance
- Other: _____

Target Audience

- Other Physician requests (*provide summary*)
- Relevant data from previous evaluations (*attach evaluation summary with relevant data highlighted*).
- Focus Groups/Interviews (*provide summary of results*)
- Quality improvement metrics

Other Resources, Health Data, or Information utilized in the planning of this activity. (*Specify and attach documentation*).

ACCME Criterion 2: The activity is developed to address the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of your learners.

5. Describe the identified educational gap(s) of the target audience that will be addressed with this activity.

6. This activity was designed to address which of the following educational needs (knowledge, competence, performance) as indicated in ACCME Criterion 2? (Check all that apply).

Educational Needs/Gaps	Need of
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance

ACCME Criterion 5 - Educational formats for activities should be appropriate for the setting, objectives and desired results of the activity.

7. Based on the identified professional practice gaps of the target audience, list the educational objectives and educational formats you are proposing for this activity to facilitate improvements in competence, performance, or patient outcomes for your learners? (*Please use measurable terms such as: explain, analyze, describe, discuss, review, list, compare, measure, etc.*)

A. Educational Objectives:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

B. Educational formats: (*check all that apply*)

- Didactic Lectures
- Facilitated small group discussions (breakouts)
- Patient Simulations
- Observing a procedure
- Case-based presentations including Q and A with attendees
- Abstracts/Poster Sessions
- Pre- and Post-Testing (Audience response systems available on request)
- Hands-on-workshop in a laboratory or other clinical teaching area
- Literature Review
- Panel Discussion with audience participation
- Take-away messages: summaries, best practices (print or non-print)
- Other

C. Describe the anticipated results.

Instructors should be selected only after the content and educational methodology have been determined. You should select instructors that are best prepared to teach the activity that you have planned, not vice versa. Criteria to consider when instructors are selected might include the following:

- Demonstrated expertise in the content area selected
- Ability to communicate with the target audience
- Willingness to meet the educational needs that the planning committee has identified

8. Please identify program instructors/faculty/speakers – (*attach separate sheet if necessary*).

Speaker/Moderator/Faculty	Academic/Professional Title	Institution or Affiliation	Disclosures (check one)		
			Attach	Email	Fax

Note: Please attach a copy of a curriculum vitae or biographical sketch for each course faculty, etc.

outcomes) achieved as a result of the overall program’s activities/educational interventions.

Evaluations are utilized to determine if the anticipated results for learners have actually been achieved. In order to determine whether the identified gap(s) has/have been closed, the CME activity must be evaluated. Similarly, the evaluation methodology must match the type of gap that was initially identified. For example, a post-activity survey that asks about satisfaction should not be used to evaluate a change in the behavior of a physician. While this activity will be evaluated by a questionnaire developed by the CME Office, please indicate how you plan to use additional methods of evaluation.

12. Which of the levels of Educational Evaluation listed below will best determine whether your educational activity has closed the identified gap(s)? List all that apply:

Educational Activity Evaluation

- (Level 1) Participation
- (Level 5) Learner competence or ability
- (Level 6) Self-reported learner behavioral change
- (Level 7) Documented learner change in behavior
- (Level 8) Impact on individual patients
- (Level 9) Impact on patient populations

13. Please describe how changes in learner’s competence, performance, or patient outcomes will be evaluated, analyzed, and used to develop future programs. What evaluation tools will be utilized? (The choice of tool will depend on the goal of the activity, mode of education and applicability of the tool).

Integrating Activity Evaluation into Program Evaluation

- Physician surveys to determine self-reported improvements in competence or performance (*Required*).
- Post-program evaluation questions must be added to the last evaluation given to participants at the end of Regularly Scheduled Series (*Required*). The goal is to identify what practice changes and improvements have been made by learners as a result of attending the educational series. Results will be provided to course directors to plan future programs.
- Pre-tests/Post-tests (*measure immediate learning*).
- Post Activity Evaluation (*measures learner satisfaction*).
- Audience Response System (*identifies if learners understand content and provide learning reinforcement*).
- Post- Activity Test (*measures transfer of knowledge*).
- Case Vignettes (*measures application of knowledge to practice, or competence*).
- Knowledge/Skills Assessment (describe):

ACCME Criteria 7-10: Activities are independent of commercial interests. Providers manage commercial support appropriately, ensure separation of promotion and education, and promote improvements in healthcare, NOT proprietary interests of commercial companies.

14. Indicate all anticipated sources of program revenue/support (Check all that apply).

- Registrations Fees - Attendees
- No revenue requested or anticipated
- Commercial Company – Exhibit fees
- Commercial Company – Educational Grants (must be accompanied by a Letter of Agreement, signed by both the company’s representative and the CME Coordinator).
- Federal or State Grant Funding
- Not-for-profit organization support
- Departmental or institutional support
- Other (*Specify*): _____

15. Requirements to ensure commercially unbiased educational programming.

- Planning and delivery of CME activities must be entirely free of commercial interests and commercial bias.
- Anyone who is in a position to control the content of the educational activity is required to disclose all relevant financial relationships with commercial companies and be reviewed for conflict for conflict of interest prior to the delivery of the program.
- All conflicts must be resolved prior to the educational event.
- The ACCME defines relevant financial relationships as those in any amount occurring within the past 12 months that create a conflict of interest.
- Persons who refuse to disclose will be disqualified from participation in the planning, management, presentation, or evaluation of the CME activity.
- Disclosures of all speakers and planners must be made to the audience (in a slide, verbally, or in a handout). How will be audience be provided disclosure information?

verbally slide handout

- All disclosure forms must be submitted to the CME Office before the event.
- All commercial support must be disclosed to the audience and payments from commercial companies must be made payable to the sponsor (MMC, Continuing Medical Education).
- No payments including honoraria or reimbursement of expenses may be made directly to speakers, instructors or others involved in content planning and development.
- The maximum honorarium for College-sponsored programs is \$750 per presentation.
- A *Written Agreement for Commercial Support* must be completed for each commercial grant. Visit our website (www.mmc.edu/lifelonglearning) for a copy of the Agreement form or e-mail the CME office.

Marketing and Advertising

ACCME requires certain information to be included on promotional materials, i.e. objectives, faculty, sponsorships, accreditation and credit designation statements.

16. How will information concerning this educational activity be distributed to participants before the activity? Brochure Email Website Other: _____

17. A copy of the promotional material is attached. Yes No

18. A copy of the promotional material will be sent later for approval. Yes No
(The final galley proofs of flyers, handouts and/or written materials must be approved by the Office of CME before printing).

19. I understand and will comply with all of the above statements concerning commercially unbiased content of this education activity.

Signature: Program Director

Signature: Department Chairperson

For CME Office Use Only

Approved for AMA/PRA Category 1:
 Not Approved Due To:

Number of Hours Approved Per Lecture: _____
 Incomplete Application:

___ Insufficient planning involvement by the CME Office

___ Proposed program incomplete

___ Needs assessment insufficient

___ Evaluation instrument insufficient

___ Education objectives lacking, inappropriate

___ Program printed without galley proof review

___ Non-compliance with Standards for Commercial

___ Program not within definition of CME

Support of CME

___ Non-compliance with Disclosure Statement for CME

___ Other _____



Etheleen M. Hill, Ph.D., Associate Dean for Curriculum Evaluation
and Continuing Medical Education

Date

CME Office Use Only:

Program Number: _____

Please return completed form to:

Meharry Medical College
The Office of Continuing Medical Education
1005 Dr. D. B. Todd Jr. Blvd.
Nashville, Tennessee 37208

(615) 327-6235 Fax: (615) 327-6133