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| **Medicine_Logo1_black** | **CONTINUING MEDICAL EDUCATION**100 Woodruff Circle, NE, Suite 331Atlanta, GA 30322Phone: 404-727-5695, Fax: 404-727-5667, Email: cme@emory.edu |

### CME ACTIVITY PLANNING AND APPROVAL FORM

*This form is designed to facilitate the 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 OCME staff, please submit this completed form with required signatures and documentation to the CME Program Manager* ***at least six (6) months prior to the date of the program****.*

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| ACTIVITY INFORMATION |
| Program Title: Click here to enter text. |
| This activity is presented by the Department(s) of:Click here to enter text. | Division(s) of:Click here to enter text. |
| Date(s): Click here to enter text. | Anticipated Location:Click here to enter text. |
| Smart Key #: Click here to enter text. |  |
| Anticipated Registration Fee: Click here to enter text. | Anticipated # of participants: Click here to enter text. |

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| TYPE OF ACTIVITY: (*Please check ONE)*  |
|[ ]  Course: (conference, symposium, workshop, etc.) – *Attach* *draft agenda with topics and times.* |
|[ ]  Regularly Scheduled Series (RSS)- Frequency: [ ] 1/week [ ]  2/month [ ] 1/month [ ] Quarterly Other: Click here to enter text. |
|[ ]  Enduring Material - is a non-live CME activity that "endures" over time. It is most typically a DVD, webcast, internet CME. |
|[ ]  Other type of activity, please specify: Click here to enter text. |
| ACTIVITY COURSE DIRECTOR: *The physician or basic scientist who will have overall responsibility for the planning, developing, implementing, and evaluating the content and logistics of this activity.* |
| Name: Click here to enter text. |
| Title: Click here to enter text. | Department: Click here to enter text. |
| Phone: Click here to enter text. | Email: Click here to enter text. |

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| ACTIVITY PLANNING COMMITTEE - *In addition to the activity course director, list the names, affiliation and emails of persons responsible for the design and implementation of this activity. PLEASE NOTE: Employees of commercial entities are prohibited from participation in planning.* |
| Name: Click here to enter text. | Affiliation: Click here to enter text. |
| **Email:** Click here to enter text. |
| Name: Click here to enter text. | Affiliation: Click here to enter text. |
| **Email:** Click here to enter text. |

#### [ ]  Check here if additional planning committee members. Attach list.

**Are any medical students, residents, other health professions (not physicians) engaged in the planning or delivery of this CME activity?** [ ] No [ ] Yes If yes, please describe: Click here to enter text.

**Commercial Relationships**

Educational Grants – See reference page for additional information

Providing CME credit for an education activity requires that the activity be:

1) independent from the control of commercial entities (for example, pharmaceutical companies or device manufacturers);

2) content based on best scientific evidence;

3) unbiased and free from product promotion.

Decisions regarding the need, educational objectives, selection and presentation of content, speakers, educational design and evaluation must be made without influence from any commercial interest.

**Any grants and in-kind support given by a commercial supporter for this activity must be made known to the Emory CME Office**. **Commercial entities are prohibited from paying course directors or speakers directly.**

**Do you plan to solicit educational grants?** [x] No [ ] Yes

***(if yes, all Letter(s) of Agreement must be signed and submitted prior to the program).***

**ABIM Maintenance of Certification (MOC) Credit**

For some activities, it is possible to award MOC credit.

If applicable, would you like to develop this educational activity to comply with requirements for MOC Credit?

 [ ] No [ ] Yes

**Nursing Contact Hours**Nursing care is a vital component of quality patient care and nurses play an important role. Nursing contact hours may be awarded to this activity by the Emory Nursing Professional Development Center (ENPDC) if requirements are met. The most important requirement stipulates that a Nurse Planner actively participate in the planning of this activity from its inception. Would you like to apply for Nursing Contact Hours?

 [ ]  Yes. A Nurse Planner will be assigned to you. [ ]  No

###### **APPROVAL AND RECOMMENDATION***I approve and recommend the implementation of this continuing medical education activity. I attest that this activity will comply with the Essential Areas and Standards of the ACCME regarding balance of scientific integrity and objectivity of content.*

###### Department Chair Date

Course Director Date

###### Executive Director, Continuing Medical Education Date

##### For OCME Use Only Credit Hours Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**** Joint provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Preliminary Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Identifying Professional Practice Gaps *A* Professional Practice Gap *exists when there is a* difference *between the* current state *of skills, competence, practice, performance, or patient outcomes and the* desired state.**Professional Practice Gap EXAMPLES**: 1. Data from a group practice indicates that HbA1c is measured in only 28% of patients that have more than 2 risk factors for Type 2 diabetes.
2. National research indicates that teens living in poorer neighborhoods are receiving the HPV vaccine at rates less than the national average.
3. The American Heart Association recommends that ACE inhibitors and beta blockers should be used in patients with heart failure with a reduced ejection fraction.
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| **What Professional Practice Gaps will this education activity address? Provide two examples.****Click here to enter text.****What is Needed to close the two Professional Practice Gaps you have listed above?** Click here to enter text. |

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| **Sources of Educational Needs** *For this education activity, how did you determine what the learner needed in order to improve their competence or performance?* *Select all sources that apply and provide supportive documentation (for example, a national practice guideline, performance data, or topics from physician assessment)*  |
| Inferred | Verbalized | Observed |
| [ ]  New National Practice Standards | [ ]  Past learner activity evaluation data | [ ]  Patient Care Audits / Quality Improvement data |
| [ ]  Development of new technology or medications or indications | [ ]  Departmental discussion meetings | [ ]  Epidemiological, infection control, surgical outcomes, morbity/mortality data |
| [ ]  Organizational, legislative or regulatory requirement that impact medical practice and/or patient care | [ ]  Formal survey of potential learners | [ ]  National clinical guidelines (NIH, etc)  |
| [ ]  Review of board examinations and/or Maintenance of Certification requirements  | [ ]  Requested by affiliated institution or physician group  | [ ]  Journal articles/ literature citations  |
| [ ]  Other: Click here to enter text.  | [ ]  Other: Click here to enter text.  | [ ]  Other: Click here to enter text.  |

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| Desired Results from the Education Activity *After attending this education activity, how will the learners’ practice change and how will their patients benefit? Please provide specific measurable examples.* |
| **Domain** | **Desired Results For Your Education Activity** |
| **Competence/Knowledge**  – Give physicians new abilities / strategies / knowledge | [EXAMPLE: The learner will be able to list recommended care for all diabetic patients.]Click here to enter text. |
| **Performance** – Help physicians modify their practices | [EXAMPLE: The learner will increase the use patient care plans that incorporate the input from dieticians, pharmacists and social workers]Click here to enter text. |
| **Patient Outcomes** / **Population Health** – Help improve patient outcomes | [EXAMPLE: As a result of changes in the learner’s practice, over 80% of patients received the influenza vaccine.]Click here to enter text. |

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| **Target Audience and Scope of Practice** *Who are the learners you wish to target? Select all that apply.*  |
| **Geographic Location:** | **Provider Type:** | **Specialty:** |
|[ ]  Internal (Emory only) |[ ]  Physicians |[ ]  All specialties |[ ]  Oncology |
|[ ]  Local/regional |[ ]  Nurses |[ ]  Anesthesiology |[ ]  Ophthalmology |
|[ ]  National |[ ]  Pharmacists |[ ]  Cardiology |[ ]  Orthopedics |
|[ ]  International |[ ]  Psychologists |[ ]  Dermatology |[ ]  Otolaryngology |
|  |  |[ ]  Physician Assistants |[ ]  Emergency Medicine |[ ]  Pathology |
|  |  |[ ]  Physical Therapists |[ ]  Endocrinology |[ ]  Pediatrics |
|  |  |[ ]  Respiratory Therapists |[ ]  Family Medicine |[ ]  Psychiatry |
|  |  |[ ]  Others (specify): |[ ]  Internal Medicine |[ ]  Radiology |
|  |  |  | Click here to enter text. |[ ]  Neurology |[ ]  Surgery |
|  |  |  |  |[ ]  Neurosurgery |[ ]  Urology |
|  |  |  |  |[ ]  OB/GYN |[ ]  Other (specify): Click here to enter text. |

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| **Education Format** *Based on the identified educational needs and desired results, what are the best educational formats for this education activity? Please select all that apply.* |
| **Competence/ knowledge** | **Performance** | **Patient Outcomes** |
| [ ]  Didactic lectures | [ ]  Hands-on procedural/skills workshops | [ ]  Reinforcing materials such as pocket cards, mobile instruments, etc. |
| [ ]  Small groups / Panel discussions | [ ]  Interactive case-based presentations | [ ]  Reinforcing activities such as chart audits, hospital QI data review, etc. |
| [ ]  Demonstrations | [ ]  Simulation lab | [ ]  Other: Click here to enter text. |
| [ ]  Interactive (Audience Response System | [ ]  Standardized patient  |  |
| [ ]  Other: Click here to enter text.  | [ ]  Other: Click here to enter text.  |  |

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| **Desirable Physician Attributes** *Please select all of the core competencies that apply to the content of this activity.* |
| **ACGME/ABMS Competencies** | **Institute of Medicine Competencies** | **Inter-professional Education Collaborative Competencies** |
| [ ]  Patient care and Procedural skills | [ ]  Provide patient-centered care | [ ]  Values/Ethics for Interprofessional Practice. |
| [ ]  Medical knowledge | [ ]  Work in interdisciplinary teams | [ ]  Roles/Responsibilities |
| [ ]  Practice-based Learning/Improvement | [ ]  Employ evidence-based practice | [ ]  Interprofessional Communication |
| [ ]  Interpersonal and Communication skills | [ ]  Apply quality improvement  | [ ]  Interpersonal and Communication skills |
| [ ]  Professionalism | [ ]  Utilize informatics | [ ]  Teams and Teamwork |
| [ ]  Systems-based Practice |  |  |
| [ ]  Other: Click here to enter text. |

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| **Outcomes Measurement** *What type of evaluation method/tool(s) will you use to determine the activity’s effectiveness for achieving the desired results and creating change in the learner’s competence, performance or in patient outcomes?* |
| **Competence/ knowledge** | **Performance** | **Patient Outcomes** |
| [ ]  Post-activity survey  | [ ]  Peer Review / Direct Observation  | [ ]  Patient Chart Audits |
| [ ]  Customized Pre and Post Tests | [ ]  Case Based Studies | [ ]  Hospital QI data |
| [ ]  Audience Response System (ARS) | [ ]  Follow-up survey/interview about actual change in practice (done at various intervals after course | [ ]  Patient Feedback |
|  | [ ]  Adherence to various guidelines as evidenced by QI data | [ ]  Mortality/Morbidity data |
| [ ]  Other: Click here to enter text. | [ ]  Other: Click here to enter text.  | [ ]  Other: Click here to enter text. |

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| **What non-educational strategies will you incorporate in the activity to enhance change in practice as a supplement to the educational activity?** *The goal is to incorporate into the planning something that reinforces, or extends the learning that takes place during the CME activity. i.e. providing model patient handouts; post-activity follow-up containing supplemental materials; a list of helpful URLs or smartphone apps, pocket cards with pertinent information.* |
| Click here to enter text. |

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| **Incorporating performance improvement into the curriculum** ***Please describe how you can incorporate opportunities for addressing patient safety, quality, implementation of best practices and overall professional practice improvement into this CME activity.*** *i.e. (Are there any QI projects that you or your department are engaged in? Does the Risk Management department encounter some issues that your content could address? Are there billing/coding practices that can be improved related to this activity?)*  |
| Click here to enter text. |

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| **Stakeholder Collaboration** *If there other Emory departments or clinical services or anyone outside of Emory (CDC, Rollins School of Public Health, GA Tech, State Department of Health) working on this issue, will you be including them in this education activity? If yes, who and in what way?*  |
| Click here to enter text. |

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| **Summary Describing the Education Activity**  *(This description may be used in the marketing and promotion of the activity, i.e., brochure, journal ads, websites, flyers.)*Provide a description of this program, including * who will benefit most by attending;
* specific content it will address;
* the most important lessons the learner will leave with.
 |
| Click here to enter text. |

**Disclosures to Prevent Conflict of Interest**

All individuals in a position to control the content of this CME activity must **disclose** any relationship with a commercial interest that

1. benefits the individual or their spouse or partner in any financial amount,

and

2) has occurred within the past 12 months.

**Individuals who refuse to disclose their financial relationships must be excluded from participation in all aspects of the activity.**

A **conflict of interest** is present when the individual has both a financial relationship with a commercial entity **and** has the opportunity to affect content relevant to the products/services of that commercial entity.

When a conflict of interest is determined to exist, the conflict must be **resolved** prior to participation in this CME activity by:

* + Altering the financial relationship with the commercial entity; **and/or**
	+ Altering the individual’s control over CME content about the products/services of the commercial entity.

In order to preserve the independence of this continuing medical education activity, an individual with an unresolved conflict of interest must not have responsibility for, or control of, the content or planning related to the unresolved conflict.

**The Office of CME must receive Financial Disclosure Forms for all individuals involved in the planning (Course Director and Planning Committee Members) and implementation (Speakers, Moderators) of the course.**

Additional Comments

***Full compliance with the ACCME Essential Areas and Policies is required for all Emory University School of Medicine continuing medical education activities. Failure to comply may result in the withdrawal of CME credit approval.***

* Attachments (Please attach the following to this form):

 [ ]  Tentative Program Agenda (including session times so that credit hours can be calculated)

[ ]  List of proposed Faculty (including name, title, affiliation, address, phone, fax and email address with honorarium amounts, if applicable). **PLEASE NOTE: Employees of commercial entities are prohibited from participation.**

[ ]  Financial Disclosure Form (from each person involved with the development of educational content)

[ ] Needs Assessment documentation (summaries/abstracts only)

***Incomplete applications will be returned***.

After this application and supporting documentation are reviewed and approved by the Office of Continuing Medical Education, a signed copy of Page 2 will be returned to the Course Director.

Revised: 10/09; 02/11; 7/13; 7/14; 8/15; 5/16, 10/26

**Writing Clear Learning Objectives**

A clear learning objective states what the learner will be able to do upon completion of a continuing medical education activity, in terms of behavioral change. A clear objective identifies the terminal behavior or desired outcome of the educational offering.

When writing objectives, follow these 3 steps:

**Step 1**

Learning objectives begin with the phrase:

“At the conclusion of this activity, participants will be able to…”

**Step 2**

Connect step one with an action verb which communicates the performance by the learner. Use verbs which describe an action that can be observed and that are measurable within the teaching time frame using an evaluative tool(s) like a post-test.

# Sample verbs

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| **Knowledge** | **Comprehension** | **Application** | **Analysis** | **Synthesis** | **Evaluation** |
| define | classify | apply | analyze | arrange | assess |
| identify | compile | calculate | calculate | assemble | compare |
| label | conclude | demonstrate | categorize | compose | critique |
| list | discuss | develop | classify | construct | decide |
| match | describe | interpret | criticize | design | determine |
| name | explain | locate | compare | develop | establish |
| recall | express | operate | contrast | diagnose | evaluate |
| recognize | give examples | perform | determine | manage | judge |
| record | identify | practice | differentiate | organize | justify |
| relate | interpret | predict | distinguish | plan | measure |
| repeat | recognize | present | examine | propose | rate |
| select | summarize | report | outline | relate | recommend |
| state | translate | use | test | summarize | select |

**Step 3**

Conclude with the specifics of what the learner will be doing when demonstrating achievement or mastery of the objectives. Stress what the participant will walk away from the activity with.

**Words to Avoid**

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| --- | --- | --- | --- |
| appreciate | believe | improve | learn |
| approach | grasp the significance of | increase | thinks critically |
| become | grow | know | understand |