

CME Application Questions May 2018

Note: Some of these fields are filled out for demonstrative purposes only.

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- Planners and Faculty
- Gap and Needs
- Objectives and Outcomes
- Educational Design
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Basic Information

Please specify the following for your activity:

Activity Name/Title ?

Activity Type ?

 Activity Type descriptions can be found by clicking [here](#).

Is your activity a series? (Not a Regularly Scheduled Series)
 Yes No

Activity Format ?

In addition to your primary activity format, do you anticipate utilizing a secondary activity format? For example, live stream of an RSS or enduring material created from a live activity. Please explain.

Activity Description ?

Activity Synopsis (optional short description shown on calendar and lists) ?

Is this a one-time quality improvement or patient safety activity?
 Yes No

Type of Credit Requested
 AMA PRA Category 1 Non-Physician Attendance

Please list additional credits being offered (not accredited by FSM OCME):

Requested Number of AMA Category 1 Credits:

Location:

Location (NA for Enduring) ? City ? State

Dates and Times (For Regularly Scheduled Series, the Start & End Date should be the same):

Enter the activity Start and End Dates

Start Date ⓘ

05/24/2018



End Date ⓘ

05/25/2018



Enter the activity Start and End Times

Start Time ⓘ

08:00 AM

End Time ⓘ

09:00 AM

Series

Series: a group of activities addressing the same subject matter with

A) A different audience attending each activity, **or**

B) The same individuals attending a series of activities over a specified time period

Number of events within the series:



Dates of each activity (list dates):



Location of each activity within the series (include building/room/facility and City, State & Zip):



Sponsor Information

Sponsoring Institution (check all that apply and complete the Department and/or Division fields below your selection(s)).

Ann & Robert H. Lurie Children' Hospital of Chicago

Department



Division



Feinberg School of Medicine

Department



Division



Northwestern Central DuPage Hospital

Department



Division



Northwestern Central DuPage Hospital

Department

Division

Northwestern Delnor Hospital

Department

Division

Northwestern Lake Forest Hospital

Department

Division

Northwestern Memorial Hospital

Department

Division

Shirley Ryan AbilityLab

Department

Division

Other, please identify

Institution/Department

Division

Is an institution other than FSM or a Northwestern affiliate (listed above) involved in the educational planning of the activity?

Yes

No

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[Cancel](#)

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Planners and Faculty

Course Director(s) and Activity Planning Committee Members

A completed disclosure form for each course director and planning committee member must accompany this application. Applications will not be reviewed if any disclosure forms from course directors or planning committee members are missing or are incomplete.

Instructions: Complete the table below for each person on the planning committee, department and Division Chairperson.

The fields in red are required. Disclosure forms will automatically be emailed to planning committee members if they have not already completed.

To add more members, click the green plus (+) icon to the left of the table row. To remove a committee member, click the red minus (-) icon to the left of the table row for that committee member.

	Email Address	Committee Member Full Name	Degree and Credentials	Institution	Role on Committee	Disclosure
+	sheryl.corey@northwe	Sheryl Corey, MD	MD		Admin C ▾	Disclosure

Resolution of conflicts of interest for course directors and/or planning committee members must be completed prior to planning the educational content (agenda, speaker selection, etc.) of this activity.

Administrative Coordinator(s)

Administrative coordinator(s): the individual(s) responsible for the operational and administrative support for this activity.

IMPORTANT - If the Administrative Coordinator for this activity **has a role in planning content** please add them to the table **ABOVE** (along with the Course Director(s) and other Activity Planning Committee Members) and **select Admin Coord** as their role on the planning committee.

ONLY Administrative Coordinators who **DO NOT** have a role in planning content should be listed below.

To add additional administrative coordinators who DO NOT have a role in planning content, click the green plus (+) icon.

Administrative Coordinator **with NO role in planning content**

Administrative Coordinator's Name


Administrative Coordinator's Email

Administrative Coordinator's Institution

Faculty/Presenters

Please upload your list of faculty using the upload button below. Be sure to include the faculty member's full name, degree and email address.

Please upload your list of faculty here (accepted file types: Excel, PDF, Word):

 [Add Files](#)

Contact information for the Office of CME to direct participants to the activity's promotional materials:

Full Name (first and last):

Email address:

Webpage:

Phone Number:

Target Audience

Who is the target audience for this activity?

Example 1: healthcare providers who manage patients with cardiovascular disease

Example 2: radiologists and other breast and women's imaging healthcare professionals involved in the diagnosis and management of women with suspected or diagnosed breast cancer

Specialty Qualification of Target Audience (check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Academic/Research | <input type="checkbox"/> Anesthesiology |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Critical Care Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Diagnostic Radiology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> General Practice | <input type="checkbox"/> General Surgery |
| <input type="checkbox"/> Genetic Counseling | <input type="checkbox"/> Geriatric Medicine |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Hematology |
| <input type="checkbox"/> Hepatology | <input type="checkbox"/> Hospitalist |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Multiple Specialties | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Neurosurgery |
| <input type="checkbox"/> Nuclear Radiology | <input type="checkbox"/> Nurse Anesthetist |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Ob/Gyn |
| <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Optometry |
| <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Pain Medicine | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Physical Medicine & Rehab | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Pulmonary Disease | <input type="checkbox"/> Radiologic Tech |
| <input type="checkbox"/> Radiology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Urology |

Other, please specify:

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Gap Analysis and Needs Assessment

Gap Analysis

A professional practice gap is defined as the difference between health care processes and outcomes currently in practice and those potentially achievable. Put simply, it is actual practice (what learners currently know and/or do) vs. best practice (what they should know and/or do). Additional details on completing a practice gap and examples can be found [here](#).

A learner practice gap exists because learners currently...

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Needs Assessment

Needs Assessment: A needs assessment provides the information necessary to support the educational need for the activity.

A. From the list below, which methods were used to determine the educational need for this activity: (check all that apply)

- Medical audit or patient care review
- Challenging or uncommon cases
- Referral patterns
- Patient safety or quality data
- Learner perceptions of educational needs (activity surveys, group discussions, questionnaires)
- Observations of clinical leaders or CME planners
- Literature review, guidelines, or data presented at a national meeting
- Legislative, regulatory or organizational changes
- Professional board or society requirements
- Public health statistics
- Other

If other method(s) used, please specify:

Briefly summarize your findings in a statement of need (include pertinent references):

Educational Need

Based on the findings from the needs assessment above, activity participants have the following needs:

- Knowledge need (knowing what to do) and/or
- Competence need (knowing how to do something; a strategy for applying knowledge to practice) and/or
- Performance need (having the ability to implement a strategy into practice) and/or

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Basic Information

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Objectives and Outcomes


Learning Objectives

Learning objectives define what a learner will be able to demonstrate at the conclusion of the activity. Objectives must be **measurable**. Learning objectives for RSSs should be written in a general/global manner to best represent the learning needs for the annual program.

[Click here for examples.](#)

To enter your objectives, type an objective into the table below. At least one Objective is required, indicated by the red field. To add additional objectives click the plus  icon. To remove objectives click the minus  icon.

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

	Number	Objective
	1	test

NOTE: These objectives will be stated in the promotional brochure and activity's syllabus.

Outcomes

Describe what you expect to change as a result of this activity (competence, performance, and/or patient outcomes) **and** select how you will measure if the activity successfully changed competence, performance, and/or patient outcomes (check all that apply).

At a minimum, all activities must be designed to change competence and include an exit evaluation. Assessing for change in learner performance and/or patient outcomes is recommended.

Competence (knowing how to do something; new strategies for applying knowledge to practice). Learners will develop new strategies for:

test

Competence will be measured by (check all that apply):

- Post-activity Evaluation_ (required)= (required)
- Audience Response System (ARS)
- Pre - and post-test
- Other (please specify)

If Other, please specify

Performance (having the ability to implement changes to apply knowledge/skills into practice). Learners will implement these strategies into their practice:

Performance will be measured by (check all that apply):

- We anticipate change in learner performance but will not be measuring this outcome
- Skills test with feedback
- Case-based study with learner participation
- Reflective discussion or written statement describing how performance did/will change (i.e. "what will you do differently in practice?")
- Quality improvement data (e.g. quality dashboards, coded scorecards, chart audit, clinical registries, etc.)
- Participant follow-up survey 3-6 months after the activity
- Other (please specify)

If Other, please specify

Patient Outcomes. We anticipate the following change(s) in patient outcomes:

Patient Outcomes will be measured by (check all that apply):

- Quality improvement data (e.g. quality dashboards, coded scorecards, chart audit, clinical registries, etc.)
- Patient feedback and surveys
- Other (please specify)

If Other, please specify

ACCME Commendation Criteria

The Accreditation Council for Continuing Medical Education (ACCME) encourages and rewards accredited CME providers like the Feinberg School of Medicine for implementing best practices in educational methods, engagement, evaluation, assessment of change, and generating meaningful outcomes.

With regard to your activity, please consider whether any of the following criteria may apply. [Click here for a document with details regarding the criteria.](#) If you are uncertain, please contact the OCME.

Promotes Team-based Education

C23: Includes planning committee members, faculty, or speakers from more than one profession (i.e. physicians, PAs, nurses, pharmacists, social workers, others)

Yes No

C24: Includes planning committee members, faculty, or speakers who are patients or public representative

Yes No

C25: Includes planning committee members who are students (including students, residents, fellows, or other professional or graduate students)

Yes No

Addresses Public Health Priorities

C26: Teaches about health/practice data (i.e. electronic medical record data, public health records, prescribing datasets, registries)

Yes No

C27: Teaches strategies for improving population health (health behaviors, economic, social, environmental conditions, payer systems, access, disparities)

Yes No

C28: Collaborates with a healthcare or community organization

Yes No

Enhances Skills

C29: Provides CME to improve communication skills

Yes No

C30: Provides CME to address a technical/procedural skill

Yes No

C31: Creates an individualized learning plan for learners

Yes No

C32: Utilizes support strategies as an adjunct to CME (reminders, online instructional materials, apps, etc)

Yes No

Competencies

A CME activity must be developed in the context of desirable physician attributes. Indicate which of the Accreditation Council for Graduate Medical Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaboration (IEC) core competencies will be addressed by this CME activity. (Please only select the core competencies that most **closely** reflect the educational agenda of your activity).

ACGME/ABMS

- Patient Care or Procedural Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal & Communication Skills
- Professionalisms
- System-Based Practice

Institute of Medicine

- Provide Patient-Centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice
- Apply Quality Improvement
- Utilize Informatics

Interprofessional Education Collaboration

- Values / Ethics for Interprofessional Practice
- Roles / Responsibilities
- Interprofessional Communication
- Teams & Teamwork

Other Competencies

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Cancel ✕

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Educational Design and MOC

Educational Design

The educational design should be appropriate for the setting, objectives, and desired results of the CME activity.

Indicate what educational design/format will be used for this CME activity (check all that apply).

- Case Based Discussion
- Didactic / Lecture
- Panel Discussion
- Simulation
- Demonstration
- Skill-based Training
- Small Group Discussion
- Other

If other design/format, please describe:

Why is this activity format appropriate for this activity? (please limit to 25 words)

⋮

Maintenance of Certification (MOC)

The Office of CME can offer MOC that meets the American Board of Medical Specialties (ABMS) requirements. To determine your specific Board requirements and to see if this CME activity applies towards MOC Part II, [click here](#). For certain participating Boards, the OCME may submit the activity and participant data directly to the Board. CME fees may apply.

The planning committee is responsible for assuring that all Board-specific requirements are met.

Will this activity provide MOC?

- Yes No

MOC Points Awarded

Registration:

- Open to All Limited

Safety Training

- Yes No

Message

Choose which board Maintenance of Certification (MOC) Part II Lifelong Learning & Self-Assessment Requirements you will be applying to:

- American Board of Internal Medicine (ABIM) <http://www.abim.org/~media/ABIM%20Public/Files/pdf/cme-providers/abim-medical-knowledge-assessment-recognition-program.pdf>
- American Board of Anesthesiology (ABA MOCA) <http://www.theaba.org/PDFs/MOCA/MOCA-2-0-Accredited-CME-Requirements>
- American Board of Pediatrics <https://www.abp.org/sites/abp/files/pdf/accme-provider-program-requirements.pdf>
- Other: Non-participating Board but applying for self-assessment CME credits

If ABIM, which ABIM Board will it apply to?

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Support and Attestation

Industry Support

Will there be industry support in the form of educational grants or in-kind support for this activity?

Yes No

PLEASE NOTE: Educational grant and exhibit requests CANNOT be submitted until the activity is approved for CME Category 1 credit.

To add additional Industry Supporters click the plus icon at the beginning of the preceding row. To remove an Industry Supporter click the minus icon on that row.

	Industry Name	Contact Person's Full Name	Contact Person's E-Mail	Funding or In-Kind Donation	Type of in-kind support (check all that apply)
					<input type="checkbox"/> Durable equipment <input type="checkbox"/> Animal Parts or Tissue <input type="checkbox"/> Facilities/Space <input type="checkbox"/> Human Parts or Tissue <input type="checkbox"/> Disposable supplies (non-biological) <input type="checkbox"/> Other, specify below

If other in-kind support, please specify for each Industry (Industry Name and type of in-kind support) here:

Will there be exhibitors for this activity?

Yes No

Will your conference include non-accredited speakers/workshops/breakout session?

Yes (The organizing department is required to have any non-CME activities approved prior to the date of your event by the Office of Regulatory Affairs: fsm-compliance@northwestern.edu; (312) 503-8491).
 No

The Office of CME offers optional additional support for activity planning. Fees apply. Check all the services you would like the OCME to perform on your behalf:

- | | |
|---|---|
| <input type="checkbox"/> Educational Grant submission | <input type="checkbox"/> Exhibitor submission |
| <input type="checkbox"/> Manage online registration | <input type="checkbox"/> Name badges |
| <input type="checkbox"/> Onsite staffing | |

Attestation

As the course director, I attest that this CME activity will comply with the following ACCME requirements:

1. All the recommendations involving *clinical* medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications *in the care of patients*
2. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis
3. CME activities must not promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients
4. The activity planning process and educational content are free of commercial influence and/or bias.
5. If the ACCME receives a complaint about an educational activity not coordinated by the Office of CME, the course director will be responsible to respond to the complaint according to the ACCME's Procedure for Handling Complaints located at: <http://www.accme.org/news-publications/publications/processes-complaints-regarding-accredited-providers-and-recognized-1>, and any fees associated with the complaint.

I have reviewed and approved the budget estimate and I understand the policies regarding the program's financial responsibilities.

Course Director's Signature



Date



MM/DD/YYYY



Division Chief's Signature



Date



MM/DD/YYYY



Department Chair's Signature



Date



MM/DD/YYYY



→ Save and Continue

Cancel ×