

CME Application and Planning Summary

The University of Tennessee College of Medicine (UTCOM) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Application Fees:

There is a standard application fee of \$500, plus a certification fee of \$50 per credit hour approved. Please discuss the specific amounts with the CEPD director.

It is important to provide complete information. You must email the the required attachments at the same time you complete the applicaiton. Allowing a lead time of at least six months will assure adequate planning and coordination. If you need additional information, please contact the office of CEPD:

UT Graduate School of Medicine
Continuing Education and Professional Development
1924 Alcoa Highway, D-116 Knoxville, TN 37920
865.305.9190 Fax: 865.305.6823
ContinuingEducation@utmck.edu

*1. Activity Logistics

Activity Title	<input type="text"/>
Activity Start Date	<input type="text"/>
Activity End Date	<input type="text"/>
Estimated AMA PRA Category 1 Hours	<input type="text"/>
Activity Venue	<input type="text"/>
Venue City	<input type="text"/>
Venue State	<input type="text"/>

***2. Activity Director contact information:(should be an M.D., D.O. or Ph.D. For non-clinical/business-related activities, activity directors must be at masters level or beyond). The Activity Director has overall responsibility for planning, developing, implementing, and evaluating the content of this certified CEPD activity.**

Name	<input type="text"/>
Institution	<input type="text"/>
Street Address	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone number	<input type="text"/>
Email	<input type="text"/>

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***3. Activity Coordinator: (responsible for the operational, logistical and administrative support of the certified CEPD activity).**

Name	<input type="text"/>
Institution	<input type="text"/>
Street address	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

4. Please list other types of credit offerings you are considering for this activity. (If you are requesting ACPE certification, you must have a pharmacist on your planning committee):

- AAFP (additional charge)
- AAPA
- ACPE (additional charge)
- CEU

Other (please specify)

***5. Activity Planning Committee: Please list all persons involved in shaping the agenda, educational content, and speaker selection of this certified activity. (If you are requesting ACPE certification, you must have a pharmacist on your planning committee):**

Name, affiliation	<input type="text"/>
Name, affiliation	<input type="text"/>
Name, affiliation	<input type="text"/>
Name, affiliation	<input type="text"/>
Name, affiliation	<input type="text"/>
Name, affiliation	<input type="text"/>

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Mission Statement

***6. University of Tennessee College of Medicine Mission Statement:**

Purpose

The University of Tennessee College of Medicine (UTCOM) is committed to improving patient care outcomes for the citizens of Tennessee through continuing medical education efforts that promote lifelong learning for physicians. UTCOM continuing medical education activities will assist physicians in increasing their knowledge and skills to enable measurable results to occur in competence, performance, and patient care outcomes.

Content Areas

UTCOM has established a framework for continuing medical education based on the core competencies established by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) in its Maintenance of Certification (MOC) efforts. Those competencies include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. In addition, content is drawn from the Institute of Medicine (IOM) Aims including patient care that is safe, effective, patient-centered, timely, efficient, and equitable.

Target Audience

The primary audience of the UTCOM includes its faculty, the medical staffs of its affiliated teaching hospitals, the physicians of Tennessee, and other health care professionals. Beyond its primary audience, the UTCOM plans and conducts continuing medical education activities that attract participants on a regional and national level.

Type of Activities

UTCOM provides a variety of continuing medical education opportunities ranging from primary care to sub-specialty courses, seminars, regularly scheduled series, enduring materials, and performance improvement projects. The educational design and method for each continuing medical education activity is determined by the identified practice gap, content and instructional strategy, and expected results.

Expected Results

The UTCOM accredited program of continuing medical education is focused on fulfilling

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its mission of improving patient care outcomes for the citizens of Tennessee. While relying on a framework established by the ACGME, ABMS, and IOM, continuing medical education activities are expected to produce measurable results in physician competence, performance, and patient care outcomes. The University of Tennessee College of Medicine recognizes that some outcomes are immediately measurable, while others result from repeated, long-range educational interventions by multiple sources.

- I affirm that this activity is in line with and will help fulfill the mission of the University of Tennessee College of Medicine.

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Planning the Content

*7. Is this activity important to patients and their needs?

- Yes
- No

*8. Practice Gap

A professional practice gap is the difference between ACTUAL (what is) and IDEAL (what should be) in regard to performance and/or patient outcomes.

What data source(s) did you use to identify the professional practice gap(s) in your audience?

- | | |
|--|---|
| <input type="checkbox"/> Expert opinion from faculty (Cannot be the only source) | <input type="checkbox"/> Development of new technology |
| <input type="checkbox"/> National patient safety goals | <input type="checkbox"/> Literature review |
| <input type="checkbox"/> Professional society guidelines | <input type="checkbox"/> Public health statistics, epidemiological data |
| <input type="checkbox"/> Hospital QI information | <input type="checkbox"/> Survey of target audience (must include summary) |
| <input type="checkbox"/> Research findings | <input type="checkbox"/> External requirements (NCQA, JCAHO, HEDIS) |
| <input type="checkbox"/> Gold standards for treatment | <input type="checkbox"/> Changes in quality care as revealed by medical audit |
| <input type="checkbox"/> Previous participant evaluations | <input type="checkbox"/> Mortality/Morbidity data |
| <input type="checkbox"/> New methods of diagnosis and/or treatment | <input type="checkbox"/> Legislative, regulatory or organizational changes |
| <input type="checkbox"/> New medication(s) or indication(s) | <input type="checkbox"/> Joint Commission Patient Safety Goal |
| <input type="checkbox"/> Other (please specify) | |

*9. Which educational need underlies the professional practice gaps in your learners?

- Knowledge
- Competence
- Performance

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*10. Needs Assessment

- 1) How do you know there is an educational need for the target audience?
- 2) How do you know your target audience does not already know the content which will be taught?
- 3) What gaps in knowledge, skills, or patient outcomes have you identified?
- 4) What clinical problems or opportunities for improvement will the activity address?

By checking this box, you verify that a complete Needs Assessment has been included with this application as an attachment. It must answer the four questions above and include cited references.

*11. Learning Objectives

After looking at the practice gaps and educational needs, what do you want the learner to be able to accomplish after the activity?

Learning objectives are the take-home message that connect the identified need/gap with the desired result.

Note: learning objectives should be measurable and should begin with a verb that can be measured, such as “assess”, “recognize”, “evaluate” and “formulate” (“understand” should not be used, as one’s understanding cannot be readily measured).

The following learning objectives are for the overall activity and not for each individual session.

Please enter at least three possible learning objectives.

As a result of attending this activity, participants should be able to...

1	
2	
3	
4	
5	
6	

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***12. What overall change will this educational activity measure? (You must check at least one, but all may apply.)**

- Competence: being able to apply knowledge, skills and judgment in practice (knowing how to do something)
- Performance: having the ability to perform and execute the strategy or skill (what one actually does)
- Patient Outcomes: ability to demonstrate the extent to which the impact on patients improves results and satisfaction

***13. Outcomes**

Evaluations – required for CME-certified activities – are tools used to determine if the result you intended for learners has actually been achieved. Evaluation tools used depends on 1) the goal of the activity, 2) the mode of education, 3) applicability of the tool, and 4) available resources.

- Pre-Test and Exit-Tests – completed the day of activity (measures immediate learning based on educational content). These tests could be administered via Audience Response System (ARS) onsite or pre- and post- activity tests conducted via email. Questions could be based on the content of the activity presentations or on case vignettes, which measure application of knowledge to practice or competence.
- Post-Test – 2-3 months after the activity. On-line surveys can be used to measure content retention. Must include self-report of an intention to make a change in their practice based on information received during the learning activity.
- Performance improvement data. Data is collected prior to the activity and 3-6 months following activity. A quantitative comparison report becomes part of the certification files.
- National quality-of-care indicators in relation to local data. Data is compared prior to activity and 3-6 months following activity. A progress report comparing local data is submitted as performance improvement demonstration.
- Other (please specify)

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Planning Content for the Audience

Matching target audience and appropriate format to learners' scope of professional activities

*14. Target audience

- | | |
|--|--|
| <input type="checkbox"/> Primary Care Physicians | <input type="checkbox"/> Nurses |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Nurse Practitioners |
| <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pharmacists | |
| <input type="checkbox"/> Specialty Physicians (specify): | |

*15. What ACGME / ABMS / IOM Competencies will be addressed by this activity? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Patient care | <input type="checkbox"/> Patient care that is safe |
| <input type="checkbox"/> Medical knowledge | <input type="checkbox"/> Patient care that is effective |
| <input type="checkbox"/> Practice-based learning and improvement | <input type="checkbox"/> Patient care that is patient-centered |
| <input type="checkbox"/> Interpersonal and communication skills | <input type="checkbox"/> Patient care that is timely |
| <input type="checkbox"/> Professionalism | <input type="checkbox"/> Patient care that is efficient |
| <input type="checkbox"/> Systems-based practice | <input type="checkbox"/> Patient care that is equitable |

*16. Scope of Practice: This activity is designed to help participants in their roles as (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Clinicians | <input type="checkbox"/> Teachers |
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Preceptors |
| <input type="checkbox"/> Researchers | <input type="checkbox"/> Patient educators |
| <input type="checkbox"/> Other (please specify) | |

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*17. Type of Activity

- Live (symposium, workshop)
- Regularly-scheduled series (grand rounds, tumor boards)
- Enduring materials (internet, printed)
- Performance Improvement project (PI-CME)
- Other (please specify)

*18. What potential barriers do you anticipate attendees may have in incorporating new knowledge, competency, and/or performance objectives into practice? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Lack of time | <input type="checkbox"/> Lack of consensus on professional guidelines |
| <input type="checkbox"/> Lack of administrative support/resources | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Insurance/reimbursement issues | <input type="checkbox"/> Lack of accessible venue to gather new information/knowledge |
| <input type="checkbox"/> Patient compliance issues | <input type="checkbox"/> No perceived barriers |
| <input type="checkbox"/> Other (please specify) | |

*19. Do you plan to address at least one of these barriers in this activity?

- Yes
- No

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*20. What educational format(s) will be used in this activity? (Please check all that apply.)

- Lecture/Didactic (conveys information)
- Case Study/Abstract Presentation (gives concrete examples and allows participants to discuss possibilities of diagnosis/treatment)
- Panel Discussion (presents several points of view and gives participants the opportunity to ask follow-up questions)
- Hands-on Workshops / Simulation (learners are immersed in a clinical/business scenario and asked for their feedback)
- Medical Simulation (learners are trained on medical simulation equipment)
- Roundtable Discussion (allows for debate on specific topics often with findings reported to the entire group)
- Interactive questions embedded in presentations, for example audience response systems (gives learners an opportunity to recognize their own knowledge gaps)
- Break-out Sessions (allows learners to select topics that are most useful to their needs)
- Q&A Sessions (gives participants the opportunity to clarify information for their own needs)
- Online Activity, with Evaluation Tool (allows learners to work at their own pace and schedule)
- Interactive DVD or monograph, with Evaluation Tool (allows learners to work at their own pace and schedule)
- Other (please specify)

21. Will learners be given additional tools (beyond slide presentation handouts) that can be used after the educational activity? ACCME suggests providers encourage activity directors to consider supplemental tools for post-activity use.

Examples of these supplemental learning tools or mechanisms include algorithms; patient education tools provided to the activity participant; healthcare provider pocket references; posters or charts for clinical use; stickers for clinical reminders among others. If you plan to use such strategies, please give a description below.

*22. Will a registration fee be charged?

- Yes
- No

If yes, please specify amount for physicians

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Accreditation Statement

***23. There is no provision to allow publicity to mention CME credits unless the application approval is complete. Statements such as “CME credits have been applied for and are pending approval” are not allowed by the ACCME. If the activity is approved, required credit statements will be provided once the type of sponsorship agreement is determined.**

I understand and agree to abide by this policy.

***24. Please Note: Once an activity is approved, the accreditation and credit designations statements will be provided to you and must appear verbatim on all marketing materials and websites. The CEPD office must preview and sign off on all marketing materials prior to distribution.**

I understand and agree to abide by this policy.

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Activity Director Attestations

Please read and acknowledge your compliance with the following criteria standards regarding commercial support, disclosure and resolution of conflicts of interest.

***25. Do you plan to seek support from commercial interest(s) for this activity? The ACCME defines a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.**

- No
- YES: Please list commercial entities that will be contacted:

***26. Please Note: As stated in the ACCME's Standards for Commercial Support, "All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider." In other words, all commercial support must be discussed with and approved by the CEPD staff.**

- I understand and agree to abide by this policy.

***27. Social events at CME activities may not be paid for directly by a commercial interest. Social events must be discussed with the CEPD office. Please include social events, if any, in the preliminary agenda attached to this application.**

- I understand and agree to abide by this policy.

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***28. The ACCME requires that decisions in planning a CME activity be independent of a commercial interest. These decisions include**

- 1) identification of needs,**
- 2) determination of objectives,**
- 3) selection of presentation of content,**
- 4) selection of personnel and organizations who would be in a position to control the content,**
- 5) selection of educational methodology, and**
- 6) evaluation of activity.**

Commercial support must be acknowledged to the audience. There are two mechanisms in place to acknowledge commercial support: 1) In the printed activity material and 2) verbal disclosure prior to the start of the activity.

As the activity director, have read the policy regarding commercial support. I accept that the management of commercial funds must be handled in concert with the accredited provider and in accordance with ACCME Standards and Essential Areas.

No

Yes, please initial

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***29. The ACCME requires accredited providers of CME-certified activities to ensure balance, independence, objectivity, and scientific rigor in all directly- and jointly-sponsored educational activities. All individuals who are in a position to control the content of the educational activity are required to disclose all relevant financial relationships they have with commercial interest(s). These individuals include activity directors, planning committee members, staff, speakers, instructors, panelists, participants in case-based discussions, etc.**

The ACCME defines relevant financial relationships as those in any amount occurring within the past 12 months that can be considered a potential conflict of interest. Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation, or evaluation of the CME-certified activity. Disclosure forms must be included with this application for the activity director, coordinator and planning committee. Speaker disclosures will be required prior to the start of the activity. No exceptions.

As the activity director, I attest that I, as well as my designated coordinator, planning committee members, and faculty, have been informed of the ACCME policies regarding financial disclosure and agree to abide by those policies.

- No
- Yes, please initial

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***30. All presentations must be reviewed in advance by the activity director or a knowledgeable clinician for possible conflicts of interest. The presentations will also be reviewed by the staff of the office of CEPD. The following procedures apply to all activity content:**

- **CME Activity File:** The activity file must contain all proper disclosures and content validation procedures that were made prior to the start of the activity.
- **Content Review Form:** Prior to the activity, a Content Review Form must be completed and signed for all presentations.
- **Evaluation:** Attendees must be queried regarding their impressions concerning bias within the activity.
- **Resolution of Conflicts of Interest:** You will be called upon to assist in the resolution of any perceived conflict(s) of interest.
- **Elimination:** Activity directors, planning committee members, speakers/faculty, teachers, and/or authors who are perceived as either manifesting conflicts of interest or being biased may be eliminated from consideration as resources in subsequent certified CME activities.

As the activity director, I attest that I have been informed about and agree to comply with the Resolution of Conflict of Interest Policy.

No

Yes, please initial

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Required Attachments

***31. An application is considered complete once required items are provided. Please indicate you are submitting the required attachments via email to ContinuingEducation@utmck.edu:**

- Gap analysis documentation, including Needs Assessment narrative, that includes answer to the questions 1) How do you know there is an educational need for the target audience? 2) How do you know your target audience does not already know the content which will be taught? 3) What gaps in knowledge, skills, or patient outcomes have you identified? 4) What clinical problems or opportunities for improvement will the activity address?
- Detailed agenda with timeframes and dates
- Names, affiliations, CVs and disclosures of proposed presenter(s) (at minimum the planning committee and coordinator(s))
- Draft of evaluation tool(s)
- Promotional material draft, screenshot, or template

***32. We confirm that there is a clearly identified educational need for this CME activity. We will assure that the presentation(s) are balanced and free of commercial bias and that all certified CME Policies and Procedures are followed. Also we certify that relevant financial relationships with any commercial interests financial or in-kind will be disclosed to participants prior to the activity.**

We understand that within 30 days after completion of the activity, all post-activity paperwork must be submitted to the office of Continuing Education and Professional Development.

The typing of our names below will serve as our signatures.

Activity Director

Activity Coordinator