**The University of Tennessee**

**Continuing Education and Professional Development (CEPD)**

**APPLICATION AND ACTIVITY PLANNING SUMMARY**

**for Certification of Activity Content**

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 $50 per credit hour approved. Please discuss the specific amounts with the CEPD director.

It is important to provide **complete** information. You must include the required attachments. 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

|  |
| --- |
| **Activity Title:**  |
| **Activity Date(s):**  | **Estimated AMA Category 1 Credit Hours\***:  \*Actual credits awarded will be determined by CEPD based on the agenda and educational content in accordance with ACCME Standards. |
| **Location of Activity**:  | **City/State:**   |
|  Activity Director       (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.* |
|   **Address/City/State/Zip Code:**       |
|   **Phone:**         **Fax:**        **E-mail:**       |
| **Activity Coordinator:***The Activity Coordinator is the individual responsible for the operational, logistical and administrative support of the certified CEPD activity.* |
|  **Address/City/State/Zip Code:**       |
|   **Phone:**        **Fax:**       **E-mail:**       |

**\*\*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)*:**

**Activity Disclosure:** All persons capable of shaping the agenda, educational content, and speaker selection of a certified activity must disclose relevant relationships with commercial interests. The ACCME requires disclosure for all certified activities – grant funded and non-grant funded. Disclosure is required for activity directors, coordinators, CEPD personnel, event planners, committee members, moderators and speakers.

**Was a committee used in the planning process**? [ ]  Yes [ ]  No

Name: Affiliation:

**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 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.

**Mission Affirmation**

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

**Identifying Practice Gaps, Needs Assessment, Learning Objectives and Results**

**Is this activity important to patients and their needs? Yes** [ ]  **No** [ ]

**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?**

[ ]  Expert opinion from faculty

 (Cannot be the only source)

[ ] National patient safety goals

[ ]  Professional society guidelines

[ ]  Hospital QI information

[ ]  Research findings

[ ]  Gold standards for treatment

[ ]  Previous participant evaluations

[ ]  New methods of diagnosis and/or treatment

[ ]  New medication(s) or indication(s)

[ ]  Development of new technology

[ ]  Literature review

[ ]  Public health statistics, epidemiological data

[ ]  Survey of target audience

[ ]  External requirements (NCQA, JCAHO, HEDIS)

[ ]  Changes in quality care as revealed by medical audit

[ ]  Mortality/Morbidity data

[ ]  Legislative, regulatory or organizational changes

[ ]  Joint Commission Patient Safety Goal

[ ] Other (please specify):

*Documentation of the data sources used to determine the gap(s) must be attached to this application.*

**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 references.

**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).

|  |  |
| --- | --- |
| **This is a gap/need of***(check all that apply)* | **Learning Objective***As a result of attending this activity, participants should be able to…* |
| [ ] Knowledge1[ ] Competence2[ ]  Performance3[ ]  Patient Outcomes4 |       |
| [ ] Knowledge[ ] Competence[ ]  Performance[ ]  Patient Outcomes |       |
| [ ] Knowledge[ ] Competence[ ]  Performance[ ]  Patient Outcomes |       |
| [ ] Knowledge[ ] Competence[ ]  Performance[ ]  Patient Outcomes |       |

**1Knowledge:** the range of which one’s understanding is increased

**2Competence:** being able to apply knowledge, skills and judgment in practice (knowing how to do something)

**3Performance:** having the ability to perform and execute the strategy or skill (what one actually does)

**4Patient Outcomes:** ability to demonstrate the extent to which the impact on patients improves results and satisfaction

***Please attach additional pages, if necessary.***

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

 [ ] Participant Competence [ ]  Participant Performance [ ] Patient Outcomes

**Results**

**What method of evaluation will be used for this activity?**

Evaluations – required for CMDE-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.

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| **Possible Methods (Please check all that apply.)** | **Examples** |
| [ ]  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 intention to change |
| [ ]  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:       |       |

**Planning the Content for this Audience**

**Target audience**

[ ]  Primary Care Physicians

[ ]  Specialty Physicians (specify):

[ ]  Physician Assistant

[ ]  Allied Health Professionals

[ ]  Pharmacists

**[ ]**  Nurses

**[ ]** Nurse Practitioners

**[ ]**  Other (specify):

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

[ ]  Clinicians [ ]  Administrators

[ ]  Researchers [ ]  Teachers

[ ]  Preceptors [ ] Other (please specify):

**Type of Activity**

[ ]  Live (symposium, workshop)

[ ]  Regularly-scheduled series (grand rounds, tumor boards)

[ ]  Enduring materials:

 [ ] Internet-based [ ] Printed [ ] Other (please specify):

[ ]  Performance Improvement project (PI-CME)

[ ] Other (please specify):

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.)*

[ ]  Lack of time

[ ]  Lack of administrative support/resources

[ ]  Insurance/reimbursement issues

[ ]  Patient compliance issues

 [ ]  Lack of consensus on professional guidelines

[ ]  Cost

[ ]  Lack of accessible venue to gather new

 information/knowledge

[ ]  No perceived barriers

[ ]  Other (specify):

Do you plan to address at least one of these barriers in this activity? [ ]  Yes [ ]  No

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

|  |  |  |
| --- | --- | --- |
|  | Format | Uses/Rationale |
| [ ]  | 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 (i.e. audience response systems) | Gives learners an opportunity to recognize their own knowledge gaps |
| [ ]  | Break-out Sessions | Allows learners to choose 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, with evaluation tool | Allows learners to work at their own pace and schedule |
| [ ]  | Other (specify):       |       |

**What ACGME /ABMS / IOM competencies are associated with the activity content?**

*(Please check all that apply.)*

[ ] Patient care or Patient-centered care

[ ] Medical knowledge

[ ]  Practice-based learning and improvement

[ ]  Interpersonal and communication skills

[ ] Professionalism

[ ] System-based practice

[ ]  Interdisciplinary teams

[ ]  Quality improvement

[ ]  Utilize Informatics

[ ]  Employ evidence-based practice

[ ]  Accessibility

[ ]  Patient safety

**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. [ ]  Yes (Please list below.) [ ]  No

|  |  |  |
| --- | --- | --- |
| **Tool** | **Purpose of Tool** | **Source or assigned developer** |
|       |       |       |
|       |       |       |
|       |       |       |

**Will a registration fee be charged?** [ ] Yes [ ]  No If yes, please specify amount(s):

**Commercial support**

**Do you plan to seek support from commercial interest(s) for this activity?**  [ ]  Yes [ ]  No

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.

*Solicitations by activity director and coordinator(s) should not be made to marketing representatives of any commercial entity.* Please list commercial entities planned to be contacted:

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.

***Please Note:*** As stated inthe 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.

**Accreditation Statement**

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.

*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.

**Activity Directors:**

**Please read and acknowledge your understanding of the following critical standards**

**regarding commercial support, disclosure and resolution of conflicts of interest.**

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**Commercial Support**

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.

**I, as the activity director, have read the policy regarding commercial support. I understand the management of commercial funds must be handled in concert with the accredited provider of the CME credit and in accordance with ACCME Standards and Essential Areas.**  [ ]  Yes [ ]  No Initials:

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**Disclosure Policy**

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 cased-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 attached to this application for the activity director, coordinator and planning committee. Speaker disclosures will be required before the conference takes place.

**I, as the activity director, attest that I, as well as my designated coordinator, planning committee members, and faculty, have been informed of the ACCME Disclosure Policies and have agreed to comply with this policy.** [ ]  Yes [ ]  No Initials:

**=========================================================================================**

**Resolution of Conflict of Interest**

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 Continuing Education and Professional Development. The following procedures apply to all activity content:

* **CME Activity File:** The activity file must contain all proper disclosures and content validation procedures prior to 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.
* **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.

**I, as the activity director, attest that I have been informed about and agree to comply with the Resolution of Conflict of Interest Policy.**  [ ]  Yes [ ]  No Initials:

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**Required Attachments**

***Consideration for activity certification requires a complete application, including required attachments.***

An application is considered complete once required items are provided. *Please indicate you are submitting the required attachments:*

[ ] Gap analysis documentation, including Needs Assessment narrative

[ ] 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

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.

**Signature of Activity Director**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Activity Coordinator(s)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Office of CEPD Use Only Activity Code:****CMDE Reviewer:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CMDE Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  **Approved for       hour(s) of AMA PRA Category 1 credit** **Other credit(s), if requested and approval status:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  **Reject Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]  **Accept with changes (attached)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Associate Dean for CME (Knoxville) Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Associate Dean for CME (Chattanooga) Date** |