



# MetroHealth Medical Center CME Conference Application

Questions or concerns? Please contact the **CME Office** by calling **216-778-5281**

**Please note:** this form **must** be completed in one session. You will be asked to upload an attached the following documents:

- Complete Program Schedule (Including: dates, times, topics, and speakers.)
- Faculty Disclosure Form [PDF] (This must be completed by all activity planners, faculty/presenters, and staff participating in this activity.)
- Sources of information used to identify practice gap.
- If the CME activity will receive commercial support, Written Agreement for Commercial Support [PDF].

## CME Activity Director / MetroHealth Faculty Member

First Name \_\_\_\_\_

Email Address \_\_\_\_\_

Department/Program \_\_\_\_\_

Last Name \_\_\_\_\_

Degree \_\_\_\_\_

Phone \_\_\_\_\_

## Meeting Planner / Staff Coordinator

First Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Last Name \_\_\_\_\_

Department/Program \_\_\_\_\_

## Activity Information

Activity Title \_\_\_\_\_

**New or Repeat Activity**

New

Repeat

**Activity Type** Please indicate if this Regularly Scheduled Series (RSS) is a:

Grand Rounds

Tumor Board

M&M Conference

Journal Club

Other

**If Other, please specify:** \_\_\_\_\_

## Activity Dates and Location

Start Date \_\_\_\_\_

Day of Week \_\_\_\_\_

End Time \_\_\_\_\_

End Date \_\_\_\_\_

Start Time \_\_\_\_\_

Frequency \_\_\_\_\_

**Location** Please Include City and State \_\_\_\_\_

**Please list any additional start/end dates or locations if applicable.** \_\_\_\_\_

## Program/Schedule

**Please insert a completed schedule which includes dates/times/topics/speakers. If you do not have this information for the entire fiscal year, please submit for at least 3 months and the outline for the year and follow up with the details, when available. Schedule will be uploaded in online form (Step 2).**

Will submit additional information at a later date

**How many credits are you requesting?** \_\_\_\_\_

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## Faculty / Planning Committee

Please provide a complete list of faculty/presenters, course director(s), and planning committee; including title and affiliation. Note: Each committee member must sign a [disclosure form \[PDF\]](#).

At least three planners are required.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Additional Members \_\_\_\_\_

## Estimated Attendance #

MDs/DOs

Non-MDs

## Target Audience

Target Audience including specialties (required in all promotional and syllabus materials).

Select all that apply:

- MD/Dos
- Psychologists
- Social Work
- NP/Pas
- Nurses
- Scientists/Researchers/PhDs
- Other

If Other, please specify: \_\_\_\_\_

Please indicate specialty: \_\_\_\_\_

## Practice Gap

The ACCME describes a professional practice gap as the difference between what the target audience does now vs. ideal or best practices.

Please describe the professional practice gap that this educational activity will address.

\_\_\_\_\_

Please indicate the educational need(s) that this activity addresses. Select all that apply:

- Increased Knowledge
- Increased Competence
- Improved Performance

## Needs Assessment

What source of information did you use to identify your practice gap?

Select all that apply:

- Expert faculty opinion
- Prior activity feedback
- Focus groups
- Practice guidelines
- Literature review or journal article
- Medical record review
- Morbidity and mortality data
- Patient outcome review
- Patient safety data
- Specialty curriculum requirements for training, certification or maintenance of Certification
- Other
- Quality improvement data
- Public health statistics
- Research finding
- Patient survey
- Admission/discharge diagnosis data
- Referral patterns
- Licensure requirements
- Risk management/compliance

If Other, please specify: \_\_\_\_\_

If available, attach your practice gap source of information here.

\_\_\_\_\_ Select (Allowed extensions: \*.doc, \*.docx, \*.jpeg, \*.jpg, \*.pdf, \*.ppt, \*.pptx, \*.txt, \*.xls, \*.xlsx)

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## Core Competencies

CME activities should address core competencies as determined by national or specialty society, specialty credentialing boards, or other sources of national priority. Please indicate the competency and/or other desirable physician attributes that would be used/address in the development of this activity.

Select all that apply:

**Accreditation Council for Graduate Medical Education (ACGME) / American Board of Medical Specialties (ABMS)**

- Medical knowledge
- Patient care
- Practice-based learning
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

**Institute of Medicine (IOM)**

- Provide patient-centered care
- Work interdisciplinary teams
- Utilize informatics
- Employ evidence-based practice
- Apply quality improvement
- Other

If Other, please specify: \_\_\_\_\_

## Objectives

Based on the need/professional practice gap identified, what are the learning objectives of this activity? These objectives should be measurable and include the increased competence and/or improved performance and/or improved patient outcome that you wish to address in this activity. Please use [How to Prepare Educational Objectives \[PDF\]](#) to formulate.

At the end of this CME activity, participants should be able to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please indicate how these objectives will be communicated.

Select all that apply:

- Website
- Brochures/Flyer
- Email
- Other

If Other, please specify: \_\_\_\_\_

## Format/Methodology/Design

Considering the setting, objectives and desired results, what format(s) will you use to promote the changes identified in your objectives?

Select all that apply:

- Live activity
- Internet webinar- live activity
- Enduring material (e.g. CD/DVD, monogram, web-based)
- Other

If Other, please specify: \_\_\_\_\_

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Please indicate the instructional methods that you tend to use.

Select all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Lectures with questions & answers | <input type="checkbox"/> Standardized or Live Patients         |
| <input type="checkbox"/> Panel discussion                  | <input type="checkbox"/> Laboratory activity (e.g. animal lab) |
| <input type="checkbox"/> Case presentations                | <input type="checkbox"/> Small group discussion                |
| <input type="checkbox"/> Workshop                          | <input type="checkbox"/> Symposium                             |
| <input type="checkbox"/> Stimulated patients               |  |
| <input type="checkbox"/> Other                             |  |

If Other, please specify: \_\_\_\_\_

Is the format appropriate for the activities' setting, objectives and desired outcomes?

- Yes       No

## Barriers

CME activities should give consideration to the system of care in which the learner will incorporate new or validate existing learned behaviors. What potential barriers do you anticipate the learner may encounter when trying to make the changes this activity is designed to promote?

Select all that apply:

- Cost
- Lack of time
- Lack of administrative support/resources
- Insurance/reimbursement issues
- Patient compliance issues
- Lack of consensus on professional guidelines
- Formulary restrictions
- No relevant barriers
- Other

If Other, please specify: \_\_\_\_\_

In this CME activity, how will you incorporate strategies to remove, overcome or address these barriers?

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## Non-Educational Strategies

In the process of planning this activity, what non-educational strategies will you utilize to enhance the changes this activity is promoting?

Select all that apply:

- Provider reminders
- Provider feedback
- Patient surveys
- Standing orders
- No non-educational strategies will be used
- Others

If Others, please specify: \_\_\_\_\_

## **Evaluation and Outcomes**

The MetroHealth CME mission and the Ohio State Medical Association (OSMA) require that every CME activity be designed to change physician competence, and/or performance, and/or patient outcomes.

Which of the following outcomes is the activity designed to facilitate?

Select all that apply:

Note: Follow-up reports/data will be required for each item selected below.

- Increased competence (learner developed new strategies)
- Improved performance (learner implemented new strategies/made an actual change in practice)
- Improved patient outcomes

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## How will you measure if changes in Competence, Performance or Patient Outcomes have occurred?

### Select all that apply:

- Competence: Post-activity evaluations - Evaluation questions might include: a) Ways in which the learner will improve care to patients. b) Ideas that will be useful in care of patients. c) Will you make a change in your current practice? If so, what?
- Competence: Pre- and post-tests – Identical tests measure self-perception of competence
- Competence: Post-tests that cover key ideas, skills, or strategies
- Competence: Case studies and audience response system during the activity- ask physicians to make decisions to evaluate competence
- Competence: Roll-playing exercises
- Performance: 4 or 6 month post-activity survey – survey questions might include: Did you make a change in your practice based on what you learned in the activity? Why or why not?
- Performance: Evaluation/testing during the activity – hands-on workshops and stimulations with a trainer
- Performance: Evaluation/observation at a later date – Live patient care setting or stimulation exercise (refresher)
- Performance: Review of internal performance data/QI and other data
- Performance: Patient surveys (exit surveys)
- Patient Outcomes: Measures of quality metrics already being used by MetroHealth
- Patient Outcomes: QI data comparisons (over time)
- Patient Outcomes: Chart audits that test the new strategy
- Patient Outcomes: Patient surveys (e.g. Press Haney, HCAHPS)
- Patient Outcomes: Claims data (before/after)
- Other

If Other, please specify: \_\_\_\_\_

## Commercial Support

Will the CME activity receive commercial support from a pharmaceutical, medical device company or other commercial entity? Support includes financial and in-kind grants or donations. Exhibit fees are NOT considered education program commercial support. [View our Commercial Support Policy \[PDF\]](#).

- Yes       No

If yes, please review the [ACCME Standards for Commercial Support](#). Do you agree to abide by them?

- Yes       No

## Honoraria

Will speaker(s) receive an honorarium and/or reimbursement?

- Yes       No

If yes, payments must be made in compliance with the MetroHealth CME office's written [Policy on Honoraria and Reimbursement \[PDF\]](#) as well as the [ACCME Standards for Commercial Support \(http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support\)](http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support).

If yes, what is the source of payment?

For Jointly Provided activities, payments must be made in compliance with MetroHealth CME office's written [Jointly Provided Policy on Honoraria \[PDF\]](#) as well as the [ACCME Standards for Commercial Support \(http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support\)](http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support).

- Commercial Support
- Department Funds
- Other

If Other, please specify: \_\_\_\_\_

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## Course Director Signature (MetroHealth Faculty Member)

Name \_\_\_\_\_

*Note: By submitting this form, you agree your electronic signature is the equivalent of your written signature.*

Date \_\_\_\_\_

## Conflict of Interest/Disclosure

All activity planners, faculty/presenters and staff participating in this activity must complete a Faculty Disclosure Form [PDF]. Disclosure forms must be updated every 12 months. Email

kmontgomery@metrohealth.org if you have any questions.

**CME Credit will not be awarded for this activity until all disclosure forms are received and reviewed. All completed forms must be sent to the CME Office at the email address below:**

Email: kmontgomery@metrohealth.org

Fax: 216-778-5862

## Letters of Agreement for Commercial Support

Letters of Agreement are **required** for all commercial support. All Letters of Agreement (LOAs) for educational grants **must** be completed and signed by a MetroHealth CME Specialist (accredited provider) and the commercial supporter (exhibitors exempt) and then returned to Kim Montgomery in the CME Department **prior to the start of the activity**. Letters can be scanned to expedite approval and signatures.

Written Agreement for Commercial Support [PDF]

**All disclosures must be sent to kmontgomery@metrohealth.org prior to application being reviewed for approval.**