APPLICATION FOR CATEGORY 1
CONTINUING MEDICAL EDUCATION CREDIT

This application should be completed with the assistance of the physician faculty member familiar with the activity. Please feel free to ask for help from the CME staff as you complete your application. The CME office can be reached at (330) 543-8407 (x38407) (kwolford@chmca.org). Once your application is completed please forward the application electronically in word format to kwolford@chmca.org for approval of your activity.

Please submit this application and its supporting materials to the Continuing Medical Education office at least eight (8) weeks prior to your activity.

VERY IMPORTANT: Activities requiring marketing (i.e. brochures/registration) should be planned a minimum of six to nine (6-9) months before the proposed activity date.

This Activity is a(n):
☐ Live activity
☐ Enduring material
☐ Live internet

This Activity will be held at:
☐ Akron Campus
☐ Mahoning Valley Campus
☐ Other: _______________

<table>
<thead>
<tr>
<th>Date of Activity:</th>
<th>Number of CME Hours Requested:</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Time of Activity:</th>
<th>Location:</th>
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</table>

Activity Title:

 Presenter:

Course Director/Planning Committee: (List all planning committee members - must include a physician)

Contact Information: Email: Phone:

(C7-10)

Important Note!! We should remember to integrate the ACCME Standards for Commercial Support into our planning processes at every step. For every activity/education intervention, please ensure that:

- All planning is done INDEPENDENT OF COMMERCIAL INTERESTS.
- Everyone who is in a position to control content DISCLOSES ALL RELEVANT FINANCIAL RELATIONSHIPS with a commercial interest.
- A mechanism(s) to IDENTIFY AND RESOLVE ALL CONFLICTS OF INTEREST before the education activity is delivered to learners is in place.

☐ By checking this box, the planners attest that this activity has been planned in accordance with the above.
A. Professional Practice/Quality Gap

**Definition:** An educational gap, also known as a professional practice gap, is an incomplete or deficient area between what is considered a current practice of medicine and what would be considered an ideal practice of medicine. For an educational program to be considered appropriate for continuing medical education credit, the program must be based upon an educational gap.

Please describe what prompted you to develop this activity for physicians. What is the quality gap or professional gap to be addressed?

The methods below can help support the gap you have chosen to address. Please list the methods used to identify the need for this educational activity (check all that apply and support this in the right-hand column with more specific information, i.e. references or short summary explanation). Sample methods include: [www.cms.hhs.gov](http://www.cms.hhs.gov), [www.cdc.gov](http://www.cdc.gov), [www.aap.org](http://www.aap.org), [www.jointcommission.org](http://www.jointcommission.org).

**Expert Sources:**
- Peer-reviewed literature/research (please provide references)
- Required by institution/governmental authority/regulations/laws/Joint Commission

**National/Society Sources:**
- National clinical guidelines (NIH, NCI, AHRQ, etc.)
- Specialty society guidelines (specify)

**Safety/Quality Sources:**
- Hospital/clinical QA analyses & QI data/guidelines
- Database analyses (e.g., Rx changes, diagnosis trends, referral diagnosis data, etc.)
- Epidemiological data
- Mortality/morbidity data
- Other clinical observances (specify)
- Adverse drug event(s)
- Joint Commission standards/core measures

**Other:**
- Healthy People Objectives
- Public health organizations (specify)
- Previous related evaluation summary (please provide summary)
- Lay press/societal trends
- CHMCA strategic plan
- Additional planning resources
B. What category of educational needs or type of professional practice gaps have you identified and will be addressing? (All activities include knowledge transfer. Please select an area beyond this.)

<table>
<thead>
<tr>
<th>X</th>
<th>Knowledge (&quot;I learned what to do.&quot;)</th>
<th>Performance (&quot;I do practice this.&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Competency/Strategies (&quot;I have the ability to do this.&quot;)</td>
<td>Patient Outcomes (&quot;I can show improved outcomes in my patients.&quot;)</td>
</tr>
</tbody>
</table>

C. What is the activity designed to change in your audience? Please be specific. (C3)

Please list your desired outcome(s) of this CME activity in the box below.

D. CME may provide interprofessional education, but there should be an expected attending physician audience. Is this activity planned for physicians as a portion of your primary audience? YES NO

Anticipated number of participants: ________________________________

Anticipated number of physician participants: ________________________

E. EDUCATIONAL DESIGN/METHODOLOGY: How do you plan to deliver this content? Please check all that apply. (C3, 5)

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Panel Discussion and/or Q &amp; A</th>
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<tbody>
<tr>
<td>Case-Based Discussion</td>
<td>Simulation</td>
</tr>
<tr>
<td>Symposium</td>
<td>Live Patients</td>
</tr>
<tr>
<td>Skills-Based Training</td>
<td>Other</td>
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F. Learning Objectives: (C3)

Learning objectives should utilize action statements and be written from the perspective of the learner.

Some commonly used verbs that help accomplish this are:

<table>
<thead>
<tr>
<th>Analyze</th>
<th>Assess</th>
<th>Classify</th>
<th>Compare</th>
<th>Demonstrate</th>
<th>Determine</th>
<th>Describe</th>
<th>Develop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differentiate</td>
<td>Distinguish</td>
<td>Examine</td>
<td>Explain</td>
<td>Evaluate</td>
<td>Identify</td>
<td>Illustrate</td>
<td>Improve</td>
</tr>
<tr>
<td>Indicate</td>
<td>Implement</td>
<td>List</td>
<td>Recognize</td>
<td>Synthesize</td>
<td>Strategize</td>
<td>Summarize</td>
<td>Teach</td>
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</table>

As you write your objectives, please try to use this list of learner actions or other similar words.

What are the learning objectives for this activity?

1. 
2. 
3.
G. **INSTRUCTIONS:** Planners are required to address nationally-established goals for physician core competencies as developed by the Institute of Medicine (IOM), Accreditation Council on Graduate Medical Education (ACGME), and the American Board of Medical Specialties (ABMS) related to specialty maintenance of certification. Please check all of the competencies that your activity will address. (C6)

<table>
<thead>
<tr>
<th>ABMS/ACGME</th>
<th>Institute of Medicine</th>
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<tbody>
<tr>
<td><strong>Patient Care and Procedural Skills</strong> – provide care/procedures in a manner that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.</td>
<td>Provide Patient-Centered Care – identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.</td>
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<tr>
<td><strong>Medical Knowledge</strong> – established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.</td>
<td>Work in Interdisciplinary Teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.</td>
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<tr>
<td><strong>Practice-based Learning and Improvement</strong> – participating in the evaluation of one's personal practice utilizing scientific evidence, practice guidelines and standards as metrics, and self-assessment programs in order to optimize patient care through lifelong learning.</td>
<td>Employ Evidence-Based Practice – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.</td>
</tr>
<tr>
<td><strong>Interpersonal and Communication Skills</strong> – that result in effective information exchange and teaming with patients, their families, and other health professionals.</td>
<td>Apply Quality Improvement – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.</td>
</tr>
<tr>
<td><strong>Professionalism</strong> – as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</td>
<td>Utilize Informatics – communicate, manage knowledge, mitigate error, and support decision-making using information technology.</td>
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<tr>
<td><strong>Systems-Based Practice</strong> – as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.</td>
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<tr>
<td><strong>Other Competencies</strong> – competencies other than those listed are to be addressed. (Please describe.)</td>
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H. Evaluation/Outcomes:  

List the evaluation method(s) planned for this activity.  All activities should include level 1 & 2. Please strive to reach level 3 or 4.  (Check all that apply.)

|   | Level 1 – Reactions (standard) - Measures if the learners were satisfied with the course.  
<table>
<thead>
<tr>
<th></th>
<th>Example measurement tool: CHMCA evaluation form</th>
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</table>
| X | Level 2 – Learning (standard) - Have they learned what they were supposed to learn, based upon the identified knowledge gap/course objectives?  
|   | CHMCA evaluation form and ideally pre- and post- tests |
|   | Level 3 – Behavior/Transfer of Learning - Has the transfer of knowledge/skills impacted patient care and/or clinical practice?  
|   | Example measurement tools: Post-activity survey (three months follow-up), observation, review of individual provider patient care data. |
|   | Level 4 - Results/Impact  
|   | Example measurement tools: Organizational/population data review |

I. Commercial Support:

CHMCA does not accept commercial support for CME activities in the form of educational grants, marketing/advertising or other involvement, except for exhibitors.  (C7-10)

|   | Will there be exhibitors at this activity?  
|   | □ Yes  □ No |
|   | Source:  
|   | □ Single Company  □ Multiple Companies |
|   | What amount will you be charging your exhibitors? |

A list of possible supporters must be provided.

J. Preliminary Budget:

Will there be a fee? _______________________  Amount ________________________

Purpose of fee: ____________________________________________________________

Attach a separate sheet with PRELIMINARY budget data.

Budget Attached:  □ Yes  □ No

Other information supporting this application: _________________________________

________________________________________________________________________
K. Commendation Criteria:

Our CME program has been granted accreditation with commendation by the Ohio State Medical Association. Please help us identify activities that will allow us to reach this goal again. We appreciate any help you can offer us.

Please answer the following questions if you feel your activity may achieve the listed goal(s).

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Yes</th>
<th>No</th>
<th>Office Use Only</th>
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</table>
| Members of interprofessional teams are engaged in the planning and delivery of interprofessional education (IPCE).  
*Does the activity include planners and presenters who are not physicians?* |     |    | C23             |
| Students of the health professions are engaged in the planning and delivery of CME.  
*This includes medical students, residents, fellows and others in training programs.* |     |    | C25             |
| The provider advances the use of health and practice data for healthcare improvement.  
*Is this activity driven by data related to our patient population?* |     |    | C26             |
| The provider collaborates with other organizations to more effectively address population health issues.  
*Do you plan to work with organizations outside of Akron Children’s Hospital on this activity?* |     |    | C28             |
| The provider designs CME to optimize communication skills of learners.  
*Do you plan to address communication skills?* |     |    | C29             |
| The provider demonstrates creativity and innovation in the evolution of its CME program.  
*Is there something unique related to the delivery of material in your activity?* |     |    | C35             |
| The provider demonstrates healthcare quality improvement.  
*Can you provide pre- and post-activity data related to improvement in care?* |     |    | C37             |

Please submit this application and its supporting materials to the Continuing Medical Education office at least eight (8) weeks prior to activity.

Activities requiring marketing (i.e. brochures/registration) should be planned a minimum of six to nine (6-9) months before the proposed activity date – PLEASE REMEMBER, office practices often need close to six (6) months to rearrange patient schedules!

The goal of the CME Program at Akron Children’s Hospital is to provide quality activities for our learners that accomplish the goals you have set out to achieve when planning the activity.

Please ask us any questions you may have during the application process.