



NORTHSIDE HOSPITAL

Department of Medical Education

CME Application

ACTIVITY INFORMATION Definition of Continuing Medical Education (CME) – Continuing medical education consists of educational activities, which serve to maintain, develop, or increase the knowledge, skills, professional performance, and relationships that physician uses to provide services for patients, the public, or the professions. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Title of activity:

Date(s):

Time(s):

Location:

ACTIVITY DIRECTOR

Name:

Professional Title:

Address:

Telephone:

Email:

Administrative Contact:

Administrative Email:

Activity Planning Committee Individuals involved in design, development, and implementation. **(Each member must complete a Disclosure and Attestation form.)**

Name and Credentials	Title/Affiliation/Practice	Email	Phone

Additional planning members attached

Teaching Faculty Please attach CV.

Name and Credentials	Title/Affiliation/Practice	Email/Phone	Admin. Contact Name and Email

TYPE OF ACTIVITY (C3)

Course – symposium, workshop, conference (Agenda with speakers, topics, times, must be provided)

Regularly Scheduled Series (Case Conference)

Frequency: 2/week 1/week 2/month 1/month Quarterly

Other Live Video Conference to

Web Conference (GoToMeeting, etc.) Enduring Material

PROGRAM OVERVIEW (This synopsis will be used in marketing materials to give a brief overview of what to expect.)

PLANNING PROCESS (C2-6)

Meeting minutes or emails can be helpful in documenting the activity planning process. (Please attach here or describe)

Who identified the speakers and topics? Activity Director CME Professional
 Planning Committee Member Other (provide names):

What criteria were used in the selection of speakers?(select all that apply)
 Expert in subject matter Excellent teaching skills/effective communicator Experience in CME

Other:

Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics? NO YES, please explain:

PERFORMANCE GAP (C2)

State the healthcare quality improvement needs that are addressed by this activity. The difference between what is happening (actual) and what should be happening (ideal). What problem are you trying to solve? (Attach additional pages if necessary.) *Practice gaps are based on underlying causes, such as a need for knowledge about a particular topic, a need to improve competence (know when and how to apply new strategies in practice) and/or improved performance (such as adoption of new skills or behaviors).*

EDUCATIONAL NEEDS ASSESSMENT (C2, C3, C6)

Identify the need that exists for this program. How do you know this course is needed? Provide at least two data sources used to identify educational need or clinical practice gap described above. **For the data sources chosen, provide a brief description of the source and the data.**

- Expert Consensus (provide names and description of their input)
- Literature review (provide summary)
- National or local clinical quality, safety or performance data (describe)
- Survey of target audience (provide survey results)
- Prior program evaluations (provide or describe)
- New medical information (describe)
- External requirements such as: (NCQA, JCAHO, CMS, Prof Society, MOC requirements (describe))

Legislative, regulatory, or organizational changes effecting patient care
Other:

EDUCATIONAL FORMAT (C5)

Please identify the instructional formats of this activity:

Didactic Lecture Case Presentation Skills workshop Audience Response (pre/posttest)
 Group/Panel Discussion Simulation Other:

TARGET AUDIENCE (C4)

Internal National Local/Regional International

Anticipated # of Participants:

Please select the audience for whom the activity is being planned.

Allergy Anesthesiology Cardiology	Infectious Disease Internal Medicine Nephrology	Pulmonology Radiation Oncology (RDT) Radiology
Dermatology Emergency Medicine Endocrinology	Neurology OB/GYN Oncology	Rheumatology Surgery - General Surgery - CRS
ENT/Otolaryngology Family Medicine Gastroenterology	Ophthalmology Orthopedics Pathology	Surgery - Neuro Surgery-Thoracic Surgery - Vascular
Gynecology Hematology Hospitalists	Pediatrics Plastic Surgery Psychiatry	Urology
All Specialties	Physical Therapy	Athletic Training
Other(please specify): <input type="text"/>	Nurses (RN, LPN)	Nurse Practitioners

EDUCATIONAL LEARNING OBJECTIVES (C4)

Please list 3-5 objectives. Objectives should clearly link to the educational need, and should be attainable and measurable. What will learners be able to do after the activity that they were not able to do before the activity? Return the completed form by (due date).

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

1.	
2.	
3.	
4.	
5.	

DESIRABLE PHYSICIAN ATTRIBUTES (C6)

CME activities should be developed to address physician core competencies as described by the ABMS and ACGME. Please indicate which core competencies will be addressed in this activity.

- | | |
|--|---|
| <input type="checkbox"/> Patient Care or Patient Centered Care | System-Based Practice |
| <input type="checkbox"/> Medical Knowledge | Interdisciplinary Teams Quality Improvement |
| <input type="checkbox"/> Practice-Based Learning and Improvement | Utilize Informatics |
| <input type="checkbox"/> Interpersonal and Communication skills | Employ Evidence-Based Practice |
| <input type="checkbox"/> Professionalism | |

FINANCIAL INFORMATION (C7, C8, C9, C10) (Complete Budget form is necessary)

This information is important for program evaluation and budgeting purposes and to allow the Department of Medical Education to maintain necessary accreditation records. ACCME requires that commercial support for CME activities be managed by the CME office, with all honoraria and other expenses paid through the DME. Direct payment of expenses or participation in planning of program content by a commercial supporter is not permitted.

Funding – This activity will be funded by:

Registration fees	Educational Grants	Exhibit Fees	Originating Department Cost Center
Other: (please specify) 			

Are there any vendors that you regularly work with that could be contacted? Please list potential commercial supporters:

If another organization is jointly organizing or developing this activity with you, please identify them here:

EVALUATION AND OUTCOMES MEASUREMENT (C11)

What change do you plan to measure as a result of this activity:

- Competence** (i.e. Evaluation form for participants, Audience Response Systems, Case-based test, Customized pre/posttest)
- Performance** (i.e. Demonstration of adherence to guidelines, direct observations, chart audits)
- Patient Outcomes** (i.e. Patient feedback/surveys, measure mortality and morbidity rates, observed changes)

in quality of care)

IDENTIFIED BARRIERS (C11)

Please identify factors outside of your control that may be a barrier to change:

Lack of time to assess or counsel patients
Lack of administrative support/resources
Insurance/reimbursement issues
Patient compliance issues

Lack of consensus on professional guidelines
Cost
No perceived barriers
Other (specify):

BUILDING BRIDGES WITH OTHER STAKEHOLDERS

Occasionally, there are other internal and/or external stakeholders working on similar issues with whom Northside may partner. Is this educational activity planned in collaboration and/or cooperation with other stakeholders?

NO Yes, Please indicate other stakeholders

DISCLOSURE STATEMENT & ATTESTATION (C7)

Disclosure forms must be completed by the activity director and each member of the planning committee
Completed forms should be submitted with this application

MARKETING MATERIALS - The Department of Medical Education must develop or review and approve all flyers, announcements, or brochures. Marketing materials may not be distributed until the activity is approved for CME (including advertisements, web postings, etc).



ATTACHMENTS - Please attach the following to the application:

- Tentative Activity Agenda (including session times)**
- List of confirmed/proposed faculty (including name, title, affiliation, contact information, amount of honorarium, if applicable)**
- Curriculum Vitae for Activity Director and each faculty member**
- Supporting documentation for identified professional gap**
- Activity Director's Agreement - signed**
- Preliminary Budget (if applicable)**

RETURN COMPLETED AND SIGNED APPLICATION TO: Should you have any questions or need assistance, please call.	CME Contact 404-236-8419, medical.education@northside.com Edye Mahaffey - 404-236-8418, edye.mahaffey@northside.com Debbie Berman 404-236-8421, debbie.berman@northside.com
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SIGNATURES

Submitted by: Date:
 (Contact Person)

Electronic Signature: Date:
 (Activity Director)

Northside Hospital Department Medical Education
 975 Johnson Ferry Road, Suite 550
 Atlanta, GA 30342
 404-236-8419
medical.education@northside.com

CME Office Use Only

ACTIVITY TITLE	
ACTIVITY DATE:	
# OF AMA PRA CATEGORY 1 CREDITS™	
Approved as an initial planning tool, subject to modifications worked out in planning sessions	
Proposed CME activity does not meet the accreditation criteria of the ACCME (see attached)	
Proposed CME activity should be modified and resubmitted (see attached)	
Proposed CME approval delayed pending receipt of additional information	
Not approved	

David Rodriguez, M.D.
 Chairman, Northside Hospital CME Committee

Date