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Roger Williams Medical Center – CME Program

825 Chalkstone Ave.

Providence, RI 02908

**General Information**

Title of Activity:

Organization:

Primary contact:

Telephone:  Fax:  Email:

Proposed date:  Proposed time:

This interactive document is designed to assist planners in working through the required steps that the Roger Williams Medical Center Continuing Medical Education (CME) Program mandates prior to approval of CME activities.

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| **ACCME C7** |

Importantly, all of the following steps must be taken independently of Commercial

Interests. Further, all persons who are in a position to control CME content must disclose all relevant financial relationships with a commercial interest because the Roger Williams Medical Center CME Program must implement mechanisms to identify and resolve all conflicts of interest before any CME activity occurs.

**Step 1: Identifying the educational gap(s)**

CME activities accredited by our program are meant to foster the continuing professional development of physicians and other health professionals. However, these activities are not simply meant to provide “education for education’s sake”. Rather, the educational offerings are intended to increase competency, improve performance in practice, and improve patient outcomes.

The planning process begins by the identification of at least one educational gap. This educational gap can be expressed as the difference between what actually occurs and what ought to occur to give the best care possible to patients. Thus, the person filling out this form must (a) describe identified gap(s); (b) determine whether closing the identified gap(s) will improve knowledge, enhance competency, and/or change physician behavior; (c) identify barriers that may need to be overcome to close the gap(s); and (d) describe how the gap was analyzed so that the cause of the problem is being addressed through CME. The latter is termed a “needs assessment” and must include at least two different sources (e.g., scientific evidence from the literature; opinion from clinical or scientific experts; information from the general public, the media and/or other environmental sources; observed data from local or national databases; and/or surveys from past participants or prospective learners). Whenever possible, local QI data should be included as a component of the needs assessment.

***ACCME C2, C3, C16*:**

**IDENTIFICATION OF GAPS AND NEEDS: A gap is the difference between what actually occurs and the ideal or best practice.**

**GAP/NEED #1**

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| ***CURRENT PRACTICE***  **What currently occurs?** | ***BEST PRACTICE***  **What should occur to give the best care possible to patients?** | **This is a gap in (Check all that apply)** | **What do learners need to know, be able to do, or perform in order to close the gap?** |
|  |  | Knowledge  Competence  Performance |  |

**How are you aware of the difference between the ideal and current practice? Actual documentation of all identified needs (e.g. Statement of Need by an expert, copies of surveys, clinical guidelines, etc…) ARE REQUIRED AND MUST ACCOMPANY THE APPLICATION.**

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| ***EXPERT NEEDS*** | ***PARTICIPANT NEEDS*** | ***OBSERVED NEEDS*** | ***ENVIRONMENTAL SCANNING*** |
| ***Planning Committee***  ***Departmental chief (prepare a statement of need)***  ***Activity faculty***  ***Expert panels***  ***Peer-reviewed literature and journals***  ***Clinical research findings***  ***Required by governmental authority, regulation or law*** | ***Previous related evaluation summary***  ***Focus panel discussions/interviews***  ***Needs Assessment Survey***  ***Other requests from physicians***  ***Requested by affiliated institutions or physician groups*** | ***QA analyses***  ***Other clinical observances***  ***M & M data***  ***Epidemiological data***  ***National clinical guidelines (NIH, AHRQ, etc…)***  ***Specialty society guidelines***  ***Database analyses (e.g. Rx changes, diagnosis trends, etc…)*** | ***Evidence of offerings from other CME providers***  ***Lay press***  ***Direct to consumer ads***  ***Other societal trends*** |

**ACCME C2, C4**

**Step 2: Identifying the Target Audience**

The major reason for planning your CME activity should be to close the gap(s) you identified in step 1. The next step is to identify the target audience for your proposed activity. By clearly identifying the specific target audience for the proposed CME activity, you will be able to plan a learning process that will enable the learners to close the identified gap(s). **A target audience should NOT be selected because you think they may find this activity “interesting”.**

Specify both the general type of health professional that you want to target (i.e., physicians) as well as the specific type of learner within those broad categories (e.g., primary care physicians, cardiologists, neurologists, etc.). NOTE: students, residents, and fellows should NOT comprise the primary target audience for a continuing medical education activity.

**Target Audience: Select all that apply and at least one from each column.**

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| --- | --- | --- | --- |
| **Scope of Practice of Audience** | **Provider Type** | **Specialty** | |
| Clinical practice | Physicians | Anesthesiology | Oncology |
| Non Clinical practice | NPs | Cardiology | Ophthalmology |
| Do they serve a specific patient group Please indicate: | PAs | Dermatology | Orthopedics |
|  | Other | Emergency Medicine | Pathology |
|  |  | Family Medicine | Pediatrics |
|  | Hematology/Oncology | Psychiatry |
|  | Internal Medicine | Radiology/Diagnostic Imaging |
| Nephrology | Rheumatology |
| Neurology | Surgery |
| Other | |

***ACCME C18 and C19***

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

Lack of time assess or counsel patients  Lack of Resources  Insurance/Reimbursement Issues

Patient Compliance Issues   Lack of Practice  Systems barriers (please identify)

Lack of consensus on professional guidelines

Other (specify):

Please identify how this barrier will be addressed:

***ACCME C6***

**Step 3: Specifying the Pertinent ABMS/ACGME Competency**

The American Board of Medical Specialties (ABMS) and Accreditation Council for Graduate Medical Education (ACGME) have determined that there are six critical competencies that physicians must master in order to provide optimal clinical care. Similarly, the Accreditation Council for Continuing Medical Education (ACCME) has determined that all CME providers should specify which of the six competencies is being addressed in each of its sponsored activities. Thus, the 3rd step in the CME planning process is to specify which of the following competencies is most relevant to a gap(s) that has/have been identified: (1) patient care; (2) medical knowledge; (3) practice-based learning and improvement; (4) interpersonal and communication skills; (5) professionalism; and (6) systems-based practice. If you would like more information about the six ABMS competencies, please refer to the following web site: <http://www.abms.org/Maintenance_of_Certification/MOC_competencies.aspx>

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| --- |
| Which of the ABMS/ACGME competencies is most relevant to the gap(s) that were identified?  Please explain how you will meet the related competencies |
| Patient care -  Medical knowledge -  Practice-based learning and improvement -  Interpersonal and communication skills -  Professionalism -  Systems-based practice - |

***ACCME C4***

**Step 4: Writing the Learning Objectives and Determining the Content**

Learning objectives can be thought of as “stepping stones” that help learners understand the nature of the identified gap(s). Well thought out learning objectives also serve as a guide to instructors so that they create content that will help learners close the identified gap(s). As such, objectives should contain action verbs and criteria that help activity planners evaluate whether the gap(s) was/were closed (e.g., whether the activity helped improve competency, influence physician behavior, and/or improve patient outcomes). Moreover, **planners should present the learning objectives to instructors and authors**, not vice versa.

Similarly, the content should reflect the premises outlined in the learning objectives. In turn, the content should be dictated by the need to close the identified gap(s). In other words, CME planners should direct instructors to address the need(s) identified in step 1 (i.e., the cause that is responsible for the gap in optimal care). Faculty may be actively involved in the process of content creation; however, they should never lose sight of what the planners are trying to achieve (i.e., helping the learners close the identified gap by addressing the need to improve knowledge, enhance competence, influence behavior, and/or improve patient outcomes).

***ACCME C22***

**Content**: Based on the identified gap(s) as well as the cause for the gap that you discovered through the needs assessment analysis, what are the desired results of the CME activity? Said another way: **What are the specific clinical problems that the CME activity will address?** Based on this answer…

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| **What is the content you want to cover?** |

Based on the learning experience needed and what you are seeking to achieve with this activity, what knowledge, skills, attitudes, and/or strategies should physicians have after participating in the CME activity? What should they be able to do?

This activity is primarily designed to change… (Check all that apply)

CompetencePerformance in practicePatient Outcomes

*Competence = knowing how to do something; a combination of knowledge, skills and performance…the ability to apply knowledge, skills and judgment.*

*Performance = what one actually does in practice.*

*Patient Outcomes = measurable improvement of patient health status*

**COURSE OBJECTIVES: Based on the Gaps and Needs Identified, please identify what the learner should expect to achieve.** Do **NOT** use the verb “***UNDERSTAND***” – it is immeasurable for learners, rather, **describe the** **observable action that you would expect to see the learner “doing” upon completion of the learning activity.**

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| **#1 (Based on Gap): Upon completion of this activity, the participant should be able to…** |
| **#2 (Based on Gap): Upon completion of this activity, the participant should be able to…** |
| **#3 (Based on Gap): Upon completion of this activity, the participant should be able to…** |

In addition, the creation of CME content must strictly adhere to all pertinent ACCME Essential Areas and the Standards for Commercial Support. **To that end, Roger Williams Medical Center sponsors CME activities that promote improvements or quality in healthcare and not the proprietary interests of any commercial organization.** All relevant financial relationships with commercial interests must be disclosed to the CME Administrator so that methods to resolve any conflicts of interest may be implemented prior to the CME activity taking place. Further, the management of any commercial support must strictly adhere to the Standards for Commercial Support. In all cases, education is separated from promotion. Disclosure to the learners of relevant financial relationships and any commercial support of the activity must also occur. Please review this process with the CME Administrator.

***ACCME C18, C19, C20 and C21***

**Step 5: Identifying Potential Partners and Allies – Integrating a “Systems Perspective”**

Closing the identified gap may be a daunting task. Thus, it is prudent to consider whether other groups are working on the same issue. If so, joining forces with other “systems” may help you accomplish your common goal of closing the identified gap(s). Step 5 of the planning process involves identifying who these potential partners are.

In order to integrate a Systems Perspective, consider the following:

1. Are there structural and/or process issues that are contributing to the quality gap?

Explain:

1. Are there other initiatives within the institution working on the same issue?

Explain:

1. Do you know of other institutions that could be potential partners in working on this issue? If you plan on reaching out to them, who are they?

Explain:

1. Could these internal or external groups help address or remove barriers?

Explain:

**Step 6: Identifying Non-Educational Strategies**

**A "non-educational strategy” enhances or facilitates change as an adjunct to activities or educational interventions.** There are many non-educational strategies that may play a crucial role in improving quality. This is especially true when one considers the gaps that can best be addressed with “system-level” interventions. As such, Step 6 involves the identification of non-educational strategies that may help you close the identified gap(s). CME planners may be able to incorporate some of these strategies into an activity.

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| **Step #6** | Indicate any non-educational strategies you will use to enhance or facilitate change.  Patient education materials  Newsletters  Handouts  Patient feedback or surveys  Community resource information  Algorithms  Emailing Information on CME Topic to Program Participants After the Event  Other: | **ACCME C17** |

**Step 7: Determining the Appropriate Evaluation Methodology**

In order to determine whether the identified gap(s) has/have been closed, the CME activity must be evaluated. Similarly, the evaluation methodology must match the type of gap that was initially identified in Step 1. For example, an activity designed to change the behavior of a physician may not be limited to a post-activity survey that only asks whether participants were satisfied with the quality of the handout materials.

To that end, a useful paradigm that is used in CME to measure educational impact involves various levels of evaluation. **Moore’s 7 Levels of Outcomes Measurement** are as follows:

1. Participation
2. Satisfaction
3. Learning

a. Declarative knowledge – physician can state what he knows

b. Procedural knowledge – physician can show what he knows

1. Competence – physician is competent with newly acquired knowledge and or skills
2. Performance – physician uses new knowledge/skills in real life practice
3. Patient health – improved patient outcomes
4. Community health – improved health of a community (local, regional, national)

***So…based on the gaps and needs identified earlier, what do you seek to achieve with this activity or series of activities? What will be the destination for this activity***, meaning what Level of outcome are you seeking to address?

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| **Step #7** | **Note that while increased knowledge is an acceptable need for the activity, it is NOT considered by the current accreditation system to be a sufficient outcome. At a minimum, the goal of the activity should be improved competence.** | **ACCME C11** |
| Levels 1-3 - Participation, satisfaction, learning (*mandatory measurement*)  Level 4 – Competence -The degree to which participants show in an educational setting how to do what the activity intended them to be able to do. A Subjective measure of competence is a declared intention to change.  Level 5 - Performance in practice  Level 6 - Patient Health  Level 7 - Community health |

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| **Outcomes Measurement – Criteria 11**  *What type of evaluation method/tools(s) will you use to determine the activity’s effectiveness at achieving the desired results and creating change in learner competence, performance or patient outcomes?* | | | | | | |
| **Evaluation and Improvement** | **Competence/Knowledge** – Give physicians new abilities/strategies/knowledge | | **Performance** – Help physicians modify their practices | | **Patient Outcomes/ Population Health** – Help improve patient outcomes | |
|  | Post-activity survey (3-6 mos post activity) |  | Peer Review/ Direct observation |  | Patient chart audits |
|  | Pre and/or Post tests or assessments |  | Case-based studies |  | Hospital QI data |
|  | Audience Response System or Online Polling w/smartphone |  | Follow-up survey or interview about actual change in practice (done at various intervals after CME activity) |  | Patient feedback |
|  |  |  | Adherence to various guidelines as evidenced by QA/QI data |  | Morbidity/Mortality data |
|  | Other: |  | Other: |  | Other: |

**Type of accreditation and number of credit hours requested (check all that applies):**

CME Number of credit hours/session:

Risk Management\* Number of credit hours/session:

\*Topics appropriate for risk management CME credit include: medical malpractice prevention, medical ethics, quality assurance, medical-legal issues, patient relations, non-economic aspects of practice management or courses designed to reduce the likelihood of medical malpractice through means other than increasing the learner’s medical education and technical expertise.

**Step 8: Selecting the Appropriate Educational Methodology – Designing CME that supports Transfer of Learning to Practice**

Importantly, the educational methodology should reflect the gap(s), the evaluation methodology, as well as the desired results, learning objectives, and the content chosen above. Whenever possible, adult learning principles (as well as the physician learning and change process) should be taken into account when selecting appropriate educational methodology.

A live activity is not always the best way to reach the target audience or to achieve the desired educational results. A CME activity may have multiple modalities of design. A live activity may be recorded for an Enduring Internet learning module. Good adult education principles indicate that learning activities should build on what learners know, give them ownership in their learning, encourage interactivity and ideally use multiple modalities to aid learning transfer.

Will this activity be a  single modality activity or a  Regularly Scheduled Series (RSS)? (Check one)

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| **Step #8** | Based on the previous steps, what is/are the right educational format(s) to use for the activity? What type of learning experience is necessary in order to achieve results at your desired Outcome Level for the activity?  What type of activity will it be (i.e., live activity, enduring material, internet, performance improvement, internet point of care, etc.)? Why? | **ACCME C3, C5** |
|  |
| (b) What will be the educational design of the activity?  Lecture/discussion Demonstration/hands-on workshop  Case presentation/discussion Self-study  Panel presentation/discussions Enduring materials  Small group workshops Video/teleconference  Slide/film/video/audiotape Web-based learning  Journal Club  Other: Consider adult learning principles and the identified gap(s). | **ACCME C3, C5** |

**Will you digitally record this lecture?**

Yes\*  No \*(need signed release, call CME office for agreement)

**Step 9: Selecting Instructors**

Instructors and authors should be selected only **after** the content has been chosen and the educational methodology has been determined. You should select instructors and authors that are best prepared to teach the activity that you have planned, not vice versa. Criteria to consider when choosing instructors might include the following: demonstrated expertise in the content area selected; ability to communicate effectively with the target audience; **and willingness to meet the educational needs that the *planner* has identified**.

In the end, the instructors and authors should understand what the purpose of the CME activity is (i.e., to improve competence, influence behavior, and/or to improve patient outcomes).

Based on the learning objectives stated above and your knowledge of the target audience, in the chart below please state the instructor(s) you have selected for this CME activity and their qualifications (**Faculty CV’s are REQUIRED**, please attach with this form.)

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| --- | --- | --- |
| **Step #9** | Who are the right faculty to cover this content? Do you want them to focus on transfer of information (i.e., lectures and monographs), techniques to overcome gaps in competence (e.g., algorithms and case-based discussions), or strategies to overcome system problems (e.g., guidelines, policies, and toolkits)? | **ACCME C3, C5** |
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CV(s) attached  Pending

**Step 10: Describe your CME activity**

The final step is to simply describe, in your own words, what you envision for your CME activity.

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| **Describe your CME Activity:** |
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**Note: The CME Administrator and the CME Committee reserve the right not to grant CME credit for any incomplete applications or incomplete data gathered for a CME activity.**

**Collection and Resolution of Conflict of Interest (COI)**

In keeping with the current ACCME Standards for Commercial Support, it is the policy of the Roger Williams Medical Center CME Program to review the content of presentations prior to each activity to ensure balance, unbiased content and the identification and resolution of potential conflicts of interest. The Roger Williams Medical Center CME Program **requires** that you:

Submit an electronic version of your presentation to the CME Administrator **no less than two weeks prior to the activity date.** The CME Administrator will insert Commercial Support (if applicable) and Faculty Disclosure slides into presentations. The CME Committee will evaluate presentations.All faculty and activity planners must complete the Financial Disclosure form ***in advance of the educational activity in order to participate in the planning or implementation of the activity. Faculty who refuse to sign the disclosure or do not return the form may NOT participate in the CME activity.***

**ACTION: THIS SECTION TO BE COMPLETED BY THE CME OFFICE**

DATE RECEIVED:

FORM COMPLETE

YES NO

DISCLOSURE FORM(S) ATTACHED

YES NO  PENDING

POWERPOINT® SLIDES ATTACHED AND COMPLETE

YES NO  PENDING  N/A

COMMERCIAL SUPPORT AGREEMENT ATTACHED

YES NO  N/A

APPROVED NOT APPROVED

DATES PROGRAM APPROVED

CME CREDIT HOURS APPROVED

RISK MANAGEMENT CREDIT

**List of abbreviations:**

**ABMS – AMERICAN BOARD OF MEDICAL SPECIALTIES**

**ACCME – ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION**

**ACGME – ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EXAMINATION**

**CME – CONTINUING MEDICAL EDUCATION**

**RIMS – RHODE ISLAND MEDICAL SOCIETY**