CME Activity Proposal

The American Medical Association (AMA) definition of Continuing Medical Education (CME): CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is the 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.

All of the following steps must be taken independent 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 to the CME Office, since all conflicts of interest must be identified and resolved before any CME activity occurs.

Please note: This CME activity may be observed. The observation will be conducted to make sure the activity is adhering to the ACCME Guidelines.

PLEASE COMPLETE THE INFORMATION ON THE FOLLOWING PROPOSAL PAGES and submit them and the accompanying documents to the appropriate site CME contact for initial review. The site CME contact/committee will review and then forward the online proposal to the Advocate CME Office.

If you are unsure of your contact’s name, please visit: https://www.advocatehealth.com/education/continuing-medical-education/locations-contacts

INCOMPLETE FORMS WILL BE RETURNED.

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Due to the Advocate System* CME Office</th>
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<tbody>
<tr>
<td>Single Live Activity</td>
<td>10 weeks prior to the date of the activity.</td>
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</table>
| Regularly Scheduled Series (RSS)    | At least 4 weeks prior to the first RSS date.  
                                | (RSS approval dates begin on the 1st of the following month) |

*Please be aware that your site CME Office may have a different deadline for their review.

Identify the type of activity by checking the appropriate box.

☐ Single Live Activity  ☐ RSS  
☐ New  ☐ Revised Renewal

Activity Title:  
(limited to 100 words)

Date of Activity:

Sponsoring Department:

Sponsoring Site/Hospital:

Activity Director  
(cannot have any financial relationships):

Telephone:  Email:

Department Administrative Contact:

Telephone:  Email:

Site CME Contact:
Advertise on CME Website:  ☐ Yes  ☐ No

☐ Mon  ☐ Tue  ☐ Wed
Day(s) of the week: ☐ Thu  ☐ Fri  ☐ Sat  ☐ Sun
Time of Day: From:________ □ AM - □ PM
To:________ □ AM - □ PM

Amount of CME credit requested: __________. If longer than 1 hour, please submit an agenda.

Meeting location: __________________________ Room name: __________________________

RSS proposals only:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Monthly</th>
<th>Quarterly</th>
<th>☐ Other: __________________________</th>
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If bi-weekly or monthly, please specify the week of the month the activity will be held.

☐ 1st Week  ☐ 2nd Week  ☐ 3rd Week  ☐ 4th Week  ☐ Every other week

Activity Planning Committee Members (C7, C23)
(Please attach a list of additional members on a separate sheet.)

- Identify the planning committee members for this activity (must include Activity Director). Completed financial disclosure forms for planners are required with submission. If a planner has a financial relationship to disclose, a Planner Identification & Resolution of Conflict(s) of Interest Form required to be completed and signed.

Please note: Employees of commercial interests CANNOT be part of the planning committee for a continuing medical education activity. A commercial interest is any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients.

<table>
<thead>
<tr>
<th>Name</th>
<th>Degree/Credential or Other</th>
<th>Affiliation (if Advocate, please specify which site)</th>
<th>Is the financial disclosure form submitted with this proposal? (Y/N)</th>
<th>Are there financial relationships? (Y/N)</th>
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Faculty and Topic Selection (C7, C10)

Who will identify the presenter(s) and topic(s)?

☐ Activity Director  ☐ Planning Committee  ☐ CME Office
What criteria will be used in the selection of the presenters?

☐ Subject matter expertise  ☐ Excellence in teaching skills  ☐ Effective communication skills  ☐ Previous experience

Interprofessional Education By Team, For Team (C23)

Do you have planners and/or speakers from different professions (i.e., nurse, physician, pharmacist)?

Members from 2 or more professions learn with, from, and about each other to enable effective interprofessional collaborative practice.

☐ Yes  ☐ No
Building Bridges Across the Health Care Education Continuum (C25)

Do you have planners and/or speakers that are medical students/residents of the health professions?
☐ Yes       ☐ No

**STEP 1 – TARGET AUDIENCE – C2, C23**

1.1 Please identify the target audience for this activity. Students, residents, and fellows should NOT comprise the primary audience for a continuing medical education activity.
☐ All Physician Members or ☐ Specific Physician Specialty or Group *(Select below)*

☐ Non-physicians
- ☐ Residents
- ☐ Medical Students
- ☐ Nurse Practitioners
- ☐ Pharmacy Technicians
- ☐ Social Workers
- ☐ Other, specify: _____________________________

- ☐ Fellows
- ☐ Physician Assistants
- ☐ Pharmacists
- ☐ Nurses
- ☐ Technicians, specify: _______________________

1.2 Please identify which specialties this activity pertains to. Note that this is how the activity will be categorized online.

- ☐ Administration
- ☐ Allergy
- ☐ Anesthesiology
- ☐ Cardiology
- ☐ Colon & Rectal Surgery
- ☐ Diagnostic Radiology
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Family Medicine
- ☐ Gastroenterology
- ☐ Genetics
- ☐ Geriatric Medicine
- ☐ Hematology
- ☐ Hospice & Palliative Medicine
- ☐ Immunology
- ☐ Infectious Disease
- ☐ Internal Medicine
- ☐ Medicine
- ☐ Nephrology
- ☐ Neurology
- ☐ Obstetrics & Gynecology
- ☐ Oncology
- ☐ Ophthalmology
- ☐ Orthopaedics
- ☐ Otolaryngology
- ☐ Pathology
- ☐ Pediatrics
- ☐ Physical Medicine & Rehabilitation
- ☐ Preventative Medicine
- ☐ Psychiatry
- ☐ Pulmonary Disease
- ☐ Radiology
- ☐ Rheumatology
- ☐ Sleep Medicine
- ☐ Surgery
- ☐ Urology

**STEP 2 - GAP, EDUCATIONAL NEED, DESIRED RESULT, OBJECTIVE(S), & EVALUATION METHODS – C2, C3, C11**

PLEASE NOTE: IF THE CONFERENCE HAS MULTIPLE TOPICS OR SESSIONS, YOU CAN GROUP SIMILAR TOPICS/SESSIONS.

2.1 Describe the professional practice gap - the difference between current and ideal practice (maximum of 250 words):

Questions to consider:
- What is it that the physicians (or healthcare team) are not doing that they should be doing?
Gap documentation:

☐ Peer-reviewed literature/bibliography
☐ Required by governmental authority/regulation/law
☐ Data from outside sources (e.g., public health statistics, epidemiology data)
☐ Evaluation/Needs Assessment survey
☐ Quality data (e.g. Key Result Area (KRA) data): please attach data, highlighting the data used
☐ Professional guidelines
☐ Advocate Initiative
☐ Other (specify): ___________________________________________________________________________________

2.2 Describe the educational need (why does this issue exist?):

☐ Knowledge (does the audience not know about the issue?)
☐ Competence (does the audience know about the issue but not know how to incorporate this into a strategy related to their practice?)
☐ Performance (does the audience know about the issue, how to incorporate it into their strategies, but they are not implementing their strategy for some reason?)

Please explain (maximum of 250 words):


2.3 Describe the overall goal(s)/desired result(s) (What do you want to change?):

Please note: If you can’t measure the change, do not select it as an overall goal. We need to be able to measure each of these goals. Performance is typically measured by administering a post-program survey (typically 3-12 months after the meeting) and Patient Outcomes is typically measured by selected, Advocate KRA data. What new abilities/strategies should the learner gain? What can learners do to modify or improve in their practice?

☐ Competence (do you intend for the audience to have the ability to strategize what to do if/when the opportunity presents itself?)
☐ Performance (do you want the audience to apply new strategies or skills in the practice setting?)
☐ Patient Outcomes (do you want to change specific patient outcomes?)

Please explain (maximum of 250 words):


2.4 State the objective(s) in learner-oriented measurable terms. What the learner should be able to accomplish or do after attending this conference?

At the completion of this activity, the participant should be able to:


2.5 From the options below, please select the evaluation method(s) you will be utilizing for this activity. Please note:

→ **Single Activities:** Please be aware that when participants claim credit, they are asked the following question regarding a change in their Competence: “What do you plan to change in your practice from attending this conference?”

The Activity Director may choose additional evaluation methods.

→ **Regularly Scheduled Series:** Selecting and implementing at least one of the below evaluation methods is required. Documentation is required for all outcome methods.

<table>
<thead>
<tr>
<th>COMPETENCE</th>
<th>PERFORMANCE (C26, C36)</th>
<th>PATIENT OUTCOMES (C26, C37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do the learners have the ability to apply what was learned to their practice?</td>
<td>Have learners implemented what was learned? This may be obtained from actual data or from post activity self-assessment by the attendees.</td>
<td>Will learners implement what they learned in a way that improves outcomes? This may be obtained from actual data or follow-up assessment of the attendees.</td>
</tr>
</tbody>
</table>

- [ ] Post-activity participant survey of intent to change practice
- [ ] Pre-test/Post-test
- [ ] Case Vignettes
- [ ] Audience response system
- [ ] Other, please specify: __________________________

- [ ] Post-activity participant survey of actual practice change
- [ ] Chart audits w/analysis & results
- [ ] Pre- and post-activity statistical data comparison
- [ ] Direct observation
- [ ] Track & identify new policies and procedure
- [ ] Other, please specify: __________________________

- [ ] Pre- and post-activity statistical data comparison (e.g. Key Result Area (KRA) data, department quality data, etc.)
- [ ] Observe changes in quality/cost of care
- [ ] Data from outside sources (e.g., public health statistics)
- [ ] Patient feedback/survey
- [ ] Other, please specify: __________________________

2.6 Please explain in detail how the outcome of the activity will be evaluated when using one or more of the above methods.

____________________________________________________________________

2.7 Are there other initiatives within Advocate that are also working to address this activity topic? If yes, please elaborate.  □ Yes  □ No

____________________________________________________________________

2.8 Will you be partnering/collaborating with any external (non-Advocate Health Care) organizations in the planning, development, implementation, or evaluation of this activity (C28)?

- [ ] Yes  □ No

If yes, is the primary purpose of your collaboration to address a community/population health issue(s) – (C27)?

- [ ] No
- [ ] Yes – What community/population health issue(s) are you hoping to address?
Please list the name of the companies you are partnering with and how it relates to their primary involvement:

☐ Content

☐ Logistics

☐ Resource

☐ Other

STEP 3 - EDUCATIONAL DESIGN – C3, C5, C29, C30

Remember to consider adult learning principles (adults learn best by solving genuine problems, reflecting via analogy and comparison, practicing and applying new knowledge and strategies and developing a framework for application) and the physician learning and change process (continuous professional development).

3.1 Check the box(s) below that best describes the educational design of your activity.

☐ Case based discussion

☐ Lecture

☐ Panel

☐ Small group discussions

☐ Simulation

☐ Skill Based Training

☐ Other:

3.2 Please explain why this educational format is appropriate for this activity; How does the educational design support the objectives and desired results of the activity?

STEP 4 – DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES – C6

4.1 Please check all the desirable physician attributes related to your activity.

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

☐ Patient Care and Procedural Skills

☐ Medical Knowledge

☐ Practice-Based Learning and Improvement

☐ Interpersonal and Communication Skills

☐ Professionalism

☐ System-Based Practice

**National Academy of Medicine (previously the Institute of Medicine)**

☐ Provide Patient-Centered Care

☐ Work in Interdisciplinary Teams

☐ Employ Evidence-Based Practices

☐ Apply Quality Improvement

☐ Utilize Informatics

**Interprofessional Education Collaborative**

☐ Values/Ethics for Interprofessional Practice

☐ Roles/Responsibilities

☐ Interprofessional Communication

☐ Teams and Teamwork

☐ Other: ________________________________
NOTE - The Activity Director has the responsibility for ensuring the funding of the CME activity, making certain that there are no outstanding expenses. The Advocate CME Office does not have a budget for funding CME activities but has the responsibility for tracking the CME activity budget in order to meet ACCME accreditation requirements. The reconciled budget is due four weeks after the program occurs.

Do you expect:
- Educational grants? ☐ Yes ☐ No
- In-kind support? (For example: is equipment being donated/utilized?) ☐ Yes ☐ No
- Exhibitors? ☐ Yes ☐ No

Please note: all Written Agreements for Commercial Support/exhibit agreements must be received by the Advocate CME office at least 1 week prior to the activity meeting.

DOCUMENTS TO BE SUBMITTED WITH CME PROPOSAL
☐ Documentation supporting practice gap/needs assessment data/pre-activity data for outcome evaluation
☐ Signed Disclosure Form from the planner(s)
☐ Planner Identification and Resolution of Conflict of Interest Form (if applicable)
☐ A draft of the promotional material (flyer, brochure, and/or poster has appropriate information)
(The CME Office needs to approve any promotional material prior to publication or distribution)
☐ Draft agenda, including topic, speaker and time of presentation
☐ Request(s) to commercial interests for funding (if applicable)

DOCUMENTS TO BE SUBMITTED 1 WEEK PRIOR TO THE ACTIVITY DATE
☐ Signed Disclosure Form(s) from the speaker(s)
☐ Planner/Moderator/Author Identification and Resolution of Conflict of Interest Form for the speakers (if applicable)
☐ Signed Written Letters of Agreement for educational grants (if applicable)
☐ Signed Exhibit Agreements (if applicable)

TO BE COMPLETED BY ACTIVITY DIRECTOR

Will you be applying for Maintenance of Certification (MOC) credit approval? ☐ Yes ☐ No
If so, for which Board(s)?
☐ American Board of Anesthesiology (ABA)
☐ American Board of Internal Medicine (ABIM)*
☐ American Board of Pathology (ABPath)
☐ American Board of Pediatrics (ABP)

*For ABIM MOC credit approval:
Is the content (gap, educational need, goals, objectives) relevant to Internists? ☐ Yes ☐ No

__________________________________________________
Please print name

X
Signature

__________________________________________________                  _______________________
Date