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 proposal to the Advocate CME Office.

If you are unsure of your contact’s name, please visit http://www.advocatehealth.com/contact-list-by-site.

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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<tr>
<td>Internet Activity</td>
<td></td>
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<tr>
<td>Enduring Materials</td>
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<tr>
<td>Regularly Scheduled Series (RSS)</td>
<td>At least 4 weeks prior to the first RSS date. (RSS approval dates begin on the 1st of the following month)</td>
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</table>

*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
☐ Internet Activity**
☐ Enduring Material**

**Contact the CME Office for special requirements and complete the supplemental form.

Activity Title:  
(limited to 100 words)

Date of Activity:

Sponsoring Department:

Sponsoring Site/Hospital:

Activity Director:

   Telephone: Email:

Department Administrative Contact:

   Telephone: Email:

Site CME Contact:
Day(s) of the week:  
☐ Mon  ☐ Tue  ☐ Wed  
☐ 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

(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 Resolution of Conflict(s) of Interest (COI) Form is 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>Affiliation</th>
<th>Is the Disclosure form submitted with this proposal? (Y/N)</th>
<th>Are there conflicts that need to be resolved? (Y/N)</th>
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Activity Faculty*

(Please attach a list of additional speakers on a separate sheet.)

- Identify the faculty that will be presenting the content for this activity. Completed financial disclosure forms and, if applicable, Resolution of COI forms for faculty members are required 1 week prior to the program.

Please note: Employees of commercial interests can be faculty of a continuing medical education activity, but can only present content that DOES NOT relate to the business lines and products of their employer.

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* For sample of invitation letter to non-Advocate speakers, see CME online website.
STEP 1 - TARGET AUDIENCE – C2

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 (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
☐ 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 AND OBJECTIVE(S) – C2, C3, C18, C19, C20, C21

2.1 Please complete the following table from the participating physician's perspective.

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

<table>
<thead>
<tr>
<th>Describe the professional practice gap - the difference between current and ideal practice.</th>
<th>Describe the educational need.</th>
<th>Describe the overall goal/desired result.</th>
<th>State the objective(s) in learner-oriented, measurable terms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions to consider:  - What’s the practice-based issue you want to address?  - Why have you decided to do the program?  - What is the goal, aspiration, or problem that we want to solve?</td>
<td>☐ Knowledge  ☐ Competence  ☐ Performance</td>
<td>☐ Competence  ☐ Performance  ☐ Patient Outcomes</td>
<td>At the completion of this activity, the participant should be able to:</td>
</tr>
<tr>
<td></td>
<td>Questions to consider:  - Why does this issue exist?  - Knowledge: does the audience know about the issue but not know how to incorporate this into a strategy related to their practice?  - Competence: does the audience know about the issue, how to incorporate it into their strategies, but they are not implementing their strategy for some reason?  - Performance: does the audience know about the issue, how to incorporate knowledge into a strategy for what to do if/when the opportunity presents itself?</td>
<td>Questions to consider:  - What do you want to change?  - What is your goal or take away you hope that the program will accomplish/resolve?  - Competence: do you want them to apply new strategies or skills in the practice setting?</td>
<td>- Patient outcomes: do you want to change certain patient outcomes?</td>
</tr>
</tbody>
</table>

Please note that we will need to measure this with administering a post-program exam. Typically 3-6 months post.
2.2 Where did the concept for this activity come from/how was the gap (were these gaps) identified? Please identify your source(s) of your gap(s).

As applicable, please attach the documentation used for gap identification. For example: If your gap is Research Findings, attach those research findings as documentation. If your gap is Mortality/morbidity data, attach a copy of the data/KRAs. If your gap is QA Analyses, attach the QA data as your documentation.

2.3 Will this activity support any of Advocate’s KRAs? ☐ Yes ☐ No

If yes, please attach the KRA Toolkit for your site, highlighting the pre-activity KRA data you will use.

2.4 Are there other initiatives within Advocate that are also working to address this activity topic?

2.5 Will you be partnering with other organizations? What role will they play?

2.6 What are the potential barriers to physician change, if any?

2.7 How will the barriers (if applicable) be addressed/overcome? Will internal/external groups (if applicable) help address or remove barriers?
STEP 3 - EDUCATIONAL DESIGN—C3, C5, C17

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
- Simulated patients
- 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?


3.3 What non-educational strategies are currently being used to enhance this change in our learners? (Check all that apply.)

- None
- Patient Satisfaction Questionnaires
- Incentives
- Peer to Peer Feedback
- Qualitative Focus Groups
- Quantitative Surveys
- Pocket Guidelines for Physicians
- Chart Reminders
- Screening Tools
- Information Posted on Website
- Stickers
- Changes in Hospital Policy
- Reminders in Staff Meetings
- Posters and Signs
- Standing Orders
- Give-Away Items to Support CME Activity
- Patient Education Materials
- Email Related to CME Topic Sent to Participants Post-Activity
- Patient Reminders
- Patient Satisfaction Questionnaires
- Other – please describe below:


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/ACGME**
- □ Patient Care and Procedural Skills
- □ Medical Knowledge
- □ Practice-Based Learning and Improvement
- □ Interpersonal and Communication Skills
- □ Professionalism
- □ System-Based Practice

**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 _______________________

STEP 5 - OUTCOMES– C11

→ Single Activities, Internet Activities, and Enduring Materials: Please be aware that when participants claim credit, they are asked about a change in their competence. Additionally, the CME Office requires a post-test to be given and therefore 3-5 post test questions with answer explanations must be submitted to the CME Office at least 1 week prior to the activity.

The Activity Director may choose additional outcome methods (indicated below).

→ Regularly Scheduled Series: Selecting and implementing at least one of the below outcome measures is required.

*Examples of outcome methods are defined on the next page of the proposal. Documentation is required for all outcome methods.*

<table>
<thead>
<tr>
<th>COMPETENCE</th>
<th>PERFORMANCE</th>
<th>PATIENT OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Post-activity participant survey of intent to change practice</td>
<td>□ Post-activity participant survey of actual practice change</td>
<td>□ Pre- and post-activity statistical data comparison</td>
</tr>
<tr>
<td>□ Pre–test/Post-test</td>
<td>□ Chart audits</td>
<td>□ Chart audits</td>
</tr>
<tr>
<td>□ Post-test</td>
<td>□ Pre- and post-activity statistical data comparison</td>
<td>□ Patient feedback/survey</td>
</tr>
<tr>
<td>□ Audience response system</td>
<td>□ Direct observation</td>
<td>□ Other, please specify:</td>
</tr>
</tbody>
</table>
| □ Other, please specify: | □ Other, please specify: | _______________________

5.1 Please explain in detail how the outcome of the activity will be evaluated when using one or more of the above methods/tools. (if applicable)
## EXAMPLES OF ADDITIONAL OUTCOME METHODS

### COMPETENCE

<table>
<thead>
<tr>
<th>Post-activity participant survey of intent to change practice</th>
<th>A survey would be given right after the conference.</th>
</tr>
</thead>
</table>
| **Pre Test /Post Test**                                      | A case vignette-style* question (or more) would be given to the learner before the start of the conference and then the same question(s) would be re-asked after the conference. Individual responses are documented and analyzed for change.  

*Please be aware that case studies that are solely discussed during the meeting are not considered an outcome measure but instead a type of learning format.* |
| **Post Test**                                                 | A case vignette-style* question (or more) would be given to the learner after the conference. |
| **Audience Response System**                                 | Most audience response systems use a combination of software and hardware to present questions, record responses, and provide feedback. The hardware consists of two components: the receiver and the audience’s clickers. Questions may be created either using PowerPoint or ARS software. |

### PERFORMANCE

<table>
<thead>
<tr>
<th>Post-activity participant survey of actual practice change</th>
<th>A survey would be given 6-12 months after the conference with actual change in practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chart audits</strong></td>
<td>A chart audit is an examination of medical records, to determine what is done, and see if it can be done better. There are countless numbers of performance components that can be measured in a chart audit. Examples include: - adherence to clinical protocols, patient adherence with medication regimens, and provider compliance with coding and documentation requirements. Chart audits can also involve a review of the prevalence of symptoms and disease.</td>
</tr>
<tr>
<td><strong>Pre- and post-activity statistical data comparison</strong></td>
<td>Reviewing and examining clinical data and then re-examining it 6-12 months later.</td>
</tr>
<tr>
<td><strong>Direct observation</strong></td>
<td>A method of collecting evaluative information in which the evaluator watches the subject in his or her usual environment without altering that environment.</td>
</tr>
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</table>

### PATIENT OUTCOMES

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</tr>
<tr>
<td><strong>Patient feedback/survey</strong></td>
<td>Surveying the patients.</td>
</tr>
</tbody>
</table>
STEP 6 - ANNUAL SUMMARY OF REGULARLY SCHEDULED SERIES (RSS) – C11, C17, C18, C20

Complete this section only if this is an RSS renewal proposal.

6.1 What was the desired result/planned outcome evaluation of this activity during the past year?


6.2 Please summarize the outcome of this RSS/what this RSS accomplished: To what degree did this RSS meet its intended purpose, reach its intended audience, address the intended content areas and achieve the desired results in terms of changes in participant competence, performance or patient outcomes (for example, improved patient safety and quality, decrease in unnecessary expenses, more appropriate prescribing, implementation of best practices, and/or reduction in medical errors). Please attach any applicable documentation.


6.3 Were any barriers encountered? ☐ Yes ☐ No

If yes, please describe:


6.4 Please check the non-educational strategies/reinforcement techniques that were used to enhance change in the target audience? (When possible, attach examples.)

☐ None ☐ Patient Satisfaction Questionnaires
☐ Incentives ☐ Peer to Peer Feedback
☐ Qualitative Focus Groups ☐ Quantitative Surveys
☐ Pocket Guidelines for Physicians ☐ Chart Reminders
☐ Screening Tools ☐ Information Posted on Website
☐ Stickers ☐ Changes in Hospital Policy
☐ Reminders in Staff Meetings ☐ Posters and Signs
☐ Standing Orders ☐ Give-Away Items to Support CME Activity
☐ Patient Education Materials ☐ Email Related to CME Topic Sent to Participants
☐ Patient Reminders ☐ Post-Activity
☐ Patient Satisfaction Questionnaires ☐ Other – please describe below:


6.5 What internal or external groups were partnered/collaborated with to help reach the desired result? Please describe their role.


6.6 If the desired result was not achieved and will be the desired result again for this proposal, are there any improvements that can be made to this RSS going forward to further narrow the gap between actual and ideal? Please be specific.


STEP 7 - ACTIVITY BUDGET – C7, C8, C9, C10

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 Letters of Agreement/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)
- Resolution of Conflict of Interest Form for the planners (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)
- 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 from the speaker(s)
- Resolution of Conflict of Interest Form for the speakers (if applicable)
- CV/bio for non-Advocate speakers
- Signed Letters of Agreement for educational grants (if applicable)
- Signed Exhibit Agreements (if applicable)
- Post test questions with answer explanations (all questions must be in a multiple choice and/or True/False format)

RECOMMENDATION/APPROVAL SIGNATURES

CME Activity Director:

(Please print name)

__________________________

Signature

__________________________

Date

Department Chair:

(Please print name)

__________________________

Signature

__________________________

Date

Site CME Committee Chair/

VPMM:

(Please print name)

__________________________

Signature

__________________________

Date