



## CME Application

*University of South Alabama, Office of Continuing Medical Education*

*Review USA CME Policy and Procedures and our Mission Statement.*

*All CME activities must reflect the USA OCME Mission. C1*

### Activity Information

Department: Pathology Activity Title: 3<sup>rd</sup> Annual Pathology Conference Location: 5 Rivers Delta Mobile, Alabama Date: March 15, 2012 Day: Sunday Frequency: Annual

Activity Director: Dr. John Smith Email address: jsmith@email.com Phone number: 251-555-5555 Address: 2451 Fillingim Street Mobile, Alabama 36617

Coordinator: Jane Smiths Email address: jsmiths@email.com Phone number: 251-555-5555 Address: 2451 Fillingim Street Mobile, Alabama 36617

#### Sponsorship:

- Directly sponsored (USA department works with USACME)
- Jointly sponsored (USACME works with non-ACCME accredited provider) List company name(s): \_\_\_\_\_
- Co-Sponsored (USACME works with another ACCME accredited provider) List company name(s): \_\_\_\_\_

#### Type (format) of Activity<sup>1</sup>: **ACCME C5**

- Live activity (RSS, conference, live internet, simulation, journal clubs, committee learning, case presentation, lab, demonstration, round table, Q&A, panel discussion)
- Enduring Material (activity that endures over a specified period of time)
- Journal based CME (article, within a peer-reviewed professional journal, certified for credit prior to publication)
- Test-item writing (NBME, ABMS board certification exam, National specialty society peer-reviewed, published, self-assessment exam—includes participation in a group peer review process)
- Manuscript review (Manuscript must be an origination article and submitted to a journal indexed in MEDLINE-credit only awarded for acceptable reviews)
- PI CME (Three stage process based on evidenced based performance measures, may address any facet of physician practice with direct implications for patient care (structure, process or outcome))
- Internet Point of Care activity (Three stage learning cycle must be completed, review clinical question, identify relevant sources, describe application to practice)

Number of **AMA PRA Category 1 Credit™** requesting: 15.25

Who will be your quality/performance improvement representative ACCME C16, C21: Jill Smithers, RN

CME Committee member champion for your RSS: M O'Brien, MD

#### Planning Committee:

- Name Dr. John Smith Email: jsmith@email.com Relevant relationships: none
- Name Jane Smiths Email: jsmiths@email.com Relevant relationships: none
- Name Jill Smithers Email: jsmithers@email.com Relevant relationships: none
- Name Dr. M O'Brien Email: mobrien@usouthal.edu Relevant relationships: none
- Name Sharrie Cranford Email: scanford@usouthal.edu Relevant relationships: none
- Name Dr. Jason Smithing Email: jsmithing@email.com Relevant relationships: Received grant from NIH

<sup>1</sup> CME mission (CME activities)

Who identified the speakers and topics: [planning committee](#)

Criteria used in the selection of speakers: [Expert in field](#)

Were any employees of a pharmaceutical or medical device manufacturer involved with the identification of speakers and or topics?  No  Yes, please explain: \_\_\_\_\_

**Faculty:**

- o Select faculty with the most expertise and teaching skills, ability to address the identified and the least amount of conflicts of interest.
- o Course objectives need to be communicated to the faculty and disclosure information.
- o All faculty that plan and present at this activity are required to submit a Conflict of Interest (COI) Disclosure Form.
- o Speakers who have disclosures are subject to ACCME rules for Conflict of Interest and their content must be reviewed 2 weeks prior to the presentation to ensure fair, balanced and objectivity exists within the presentation.

List potential faculty (name, affiliation (if other than USA faculty), and email address) for this activity: [Dr. Jiller Smithington, Dr. Jasper Smithers, Dr. Jorge Smitherman, Dr. June Smitts](#)



**Planning** (CME staff must be on planning committee and at planning meetings)

<b>Target Audience<sup>2</sup></b> CA Select all that apply					
Geographic Location:		Provider Type:		Specialty:	
<input checked="" type="checkbox"/>	Internal only	<input checked="" type="checkbox"/>	Primary care physicians	<input type="checkbox"/>	All specialties
<input checked="" type="checkbox"/>	Local/regional	<input type="checkbox"/>	Specialty physicians	<input type="checkbox"/>	Anesthesiology
<input type="checkbox"/>	National	<input checked="" type="checkbox"/>	Pharmacists	<input type="checkbox"/>	Cardiology
<input type="checkbox"/>	International	<input type="checkbox"/>	Psychologists	<input type="checkbox"/>	Dermatology
		<input type="checkbox"/>	Physician Assistants	<input type="checkbox"/>	Emergency Med
		<input checked="" type="checkbox"/>	Nurses	<input checked="" type="checkbox"/>	Family Medicine
		<input checked="" type="checkbox"/>	Nurse Practitioners	<input checked="" type="checkbox"/>	General Medicine
		<input checked="" type="checkbox"/>	Other: <b>Social Workers</b>	<input type="checkbox"/>	Neurology
		<input type="checkbox"/>	Other:	<input type="checkbox"/>	OB/GYN
				<input type="checkbox"/>	Oncology
				<input type="checkbox"/>	Orthopaedics
				<input type="checkbox"/>	Pathology
				<input type="checkbox"/>	Pediatrics
				<input type="checkbox"/>	Psychiatry
				<input type="checkbox"/>	Radiology
				<input type="checkbox"/>	Radiation Oncology
				<input type="checkbox"/>	Surgery
				<input type="checkbox"/>	Other:

**How did you choose your topics:** (Explain each using steps 1, 2 and 3) ACCME C6, C16

1. Source for Best Practice or Desirable Attribute <small>Example: ABMC MOC communication with patients/caregivers (AAFP)</small>	2. Key Points from the Source Summary <small>Example: Summary of diagnostic criteria in language that the patient and family understand</small>	3. Location of the Source (file name, URL, publication name and date) <small>Example: Guidelines for Managing Alzheimer's Disease, 2002 <a href="http://www.aafp.org/afp/20020601/2263.pdf">http://www.aafp.org/afp/20020601/2263.pdf</a></small>
<input type="checkbox"/> Review of changes in quality of care as revealed by medical audit or other patient care reviews. <i>Potential sources of documentation: audit reports, chart reviews _____</i>		
<input type="checkbox"/> Ongoing census of diagnoses made by physicians on staff. _____ <i>Potential sources of documentation: summary of notes, minutes of meetings</i>		
<input type="checkbox"/> Advice from authorities of the field or relevant medical societies. _____ <i>Potential sources of documentation: list of expert names/medical societies AND summary of recommendation(s)</i>		
<input checked="" type="checkbox"/> 2008 Post-Activity Eval  Breakout_Topics <i>Potential sources of documentation: summary of requests or surveys. Note, must show information related to areas of education need/topics of interest (not logistical summaries – i.e., food, venue, etc)</i>		<b>Formal or informal requests or surveys of the target audience, faculty or staff. <u>Note: The 2009 topics were chosen based on the 2008 post-activity evaluation responses. A copy of the 2009 agenda is included at the end of this guide.</u></b>
<input type="checkbox"/> Discussion in departmental meetings. _____ <i>Potential sources of documentation: summary of meeting minutes showing information discussed was related to areas of education need/topics of</i>		

<sup>2</sup> CME mission (target audience)

	<i>interest (not logistical summaries – i.e., food, venue, etc)</i>
<input checked="" type="checkbox"/>	Data from peer-reviewed journals, government sources, consensus reports. <a href="#">This article supports practice gaps #1 and #3 on the next page; important information is highlighted in yellow.</a>  HIV Care - Practice Gaps 1 & 3 <i>Potential sources of documentation: abstracts/full journal articles, government produced documents describing educational need and physician practice gaps</i>
<input type="checkbox"/>	Review of board examinations and/or re-certification requirements. _____ <i>Potential sources of documentation: board review/update requirements</i>
<input type="checkbox"/>	New technology, methods of diagnosis/treatment. _____ <i>Potential sources of documentation: description of new procedure, technology, treatment, etc</i>
<input checked="" type="checkbox"/>	Legislative, regulatory or organizational changes affecting patient care. <a href="#">The agenda included a discussion on HIV &amp; Prisons. This article supports the practice gap of the new state law requiring HIV testing in prisons.</a>  HIV Testing in Prisons <i>Potential sources of documentation: copy of the measure/change</i>
<input type="checkbox"/>	Joint Commission Patient Safety Goal/Competency. _____ <i>Potential sources of documentation: copy of the safety goal and/or IOM, ACGME, Specialty competency</i>
<input type="checkbox"/>	National priorities: _____ <i>Potential sources of documentation: MRSA, Disaster Planning, Cultural Competency</i>

### Desirable Physician Attributes / Core Competencies ACCME C6

[\(click here for descriptions of each competency\)](#)

- |                                                                            |                                                             |                                       |
|----------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Patient care or patient-centered care  | <input type="checkbox"/> System-based practice              | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Medical knowledge                      | <input checked="" type="checkbox"/> Interdisciplinary teams |                                       |
| <input type="checkbox"/> Practice-based learning and improvement           | <input type="checkbox"/> Quality improvement                |                                       |
| <input checked="" type="checkbox"/> Interpersonal and communication skills | <input type="checkbox"/> Utilize informatics                |                                       |
| <input checked="" type="checkbox"/> Professionalism                        | <input type="checkbox"/> Employ evidence-based practice     |                                       |

### Changes and Improvement (Gap Analysis): ACCME C2, C3

EXAMPLE - Professional Practice Gap (What is the practice-based problem we want to address?)	EXAMPLE - Educational Need (Why does the problem exist?)	EXAMPLE This is a gap/need of:	EXAMPLE - Learning Objective (What do we want to change?)	EXAMPLE - Desired Result (We were effective if...)
<i>HIV providers and patients are faced with a constantly evolving standard of care. This poses a challenge for assuring that HIV treatment is consistent with the most current guidelines.</i>	<i>HIV providers need educational initiatives related to current HIV treatment guidelines.</i>	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes	<i>Identify current guidelines in order to provide optimal care to women with HIV.</i>	<i>Increased knowledge of current HIV treatment guidelines.</i>
<b>Professional Practice Gap<sup>3</sup></b>	<b>Educational Need<sup>4</sup></b>	<b>This is a gap/need of: (check all that apply)</b>	<b>Learning Objective<sup>5</sup></b>	<b>Desired Result<sup>6</sup></b>
HIV providers and patients are faced with a constantly evolving	HIV providers need educational initiatives	<input checked="" type="checkbox"/> Knowledge <input checked="" type="checkbox"/> Competence <sup>7</sup>	Identify current guidelines in order to	Increased knowledge of

<sup>3</sup> A **professional practice gap** is defined as the difference between ACTUAL (what is) and IDEAL (what should be) in regards to performance and/or patient outcomes.

<sup>4</sup> An **educational need** is defined as “the need for education on a specific topic identified by a gap in professional practice.”

<sup>5</sup> **Learning objectives** are the take-home messages; what should the learner be able to accomplish after the activity? Objectives should bridge the gap between the identified need/gap and the desired result.

<sup>6</sup> **Desired results** are what you expect the learner to do in his/her practice setting. How will the information presented impact the clinical practice and/or behavior of the learner? Indicate how this change could be reasonably measured. (CME mission –expected results)

<sup>7</sup> **Competence** is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something).

standard of care. This poses a challenge for assuring that HIV treatment is consistent with the most current guidelines.	related to current HIV treatment guidelines	<input type="checkbox"/> Performance <sup>8</sup> <input type="checkbox"/> Patient Outcomes	provide optimal care to women with HIV.	current HIV treatment guidelines
Healthcare and service providers of patients with HIV are often reluctant to discuss matters of sexuality with aging patients. Misdiagnosis often occurs in older women due to HIV symptoms being similar to those associated with aging.	HIV providers need educational initiatives to help them better identify HIV risk behaviors and symptoms in women over 50.	<input checked="" type="checkbox"/> Knowledge <input checked="" type="checkbox"/> Competence <input checked="" type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes	Recognize HIV risk behaviors and symptoms of HIV infection in women over age 50.	Increased ability to correctly diagnose older patients with HIV.
Not all HIV/AIDS patients seek or have access to the same level of care.	HIV providers need to provide appropriate resources to patients	<input checked="" type="checkbox"/> Knowledge <input checked="" type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes	Identify local, regional, and national resources related to the diagnosis, treatment, and management of HIV for women of color.	Increased availability and access to culturally competent and linguistically appropriate prevention and treatment services for women of color.
		<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes		

### [Verb Worksheet for Preparing Objectives \(Ctrl + enter to view\)](#)

**Note: Identification of gaps, needs, etc should be completed by the Planning Committee.**

Learning objectives are tools to identify the specific steps that will be taken to address the gap identified above. They will provide the specific result the learners can expect to achieve as a result of participating in the activity and relate to improved competence and/or performance and/or patient outcomes. Objectives are written in three sections.

- the **content** (stated in terms of performance),
- the **condition** (the situation in which the learner might encounter this issue or problem), and
- the **standard** (against which success can be determined).

**Learning objectives for Conferences and RSS are written in a global manner to guide the content and learner expectations for the annual program.** Examples of global objectives:

Critically evaluate evidence-based literature in order to incorporate appropriate best practices into the clinical care of women.

By examining patients and utilizing current literature hone diagnostic skills and update therapeutic knowledge so that patient management and outcomes are improved.

Based on the Colorectal Cancer Screening Guidelines you will incorporate these guidelines into clinical practice to improve detection rates

**KEY:** **Red:** Verb and action to be taken    **Yellow:** Condition    **Grey:** Standard, the desired results

### Engagement:

What other educational strategies will you include to enhance your learners' change as an adjunct to this activity? ACCME C17 Summary points from the meeting will be emailed to participants within one month. Follow-up email in three months.

<sup>8</sup> **Performance** is defined as what one actual does, in practice.

**Identified Barriers (Select 1 at minimum) C18, C19**

What potential barriers do you anticipate attendees may have in incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply by placing an “X” in the appropriate box. Example: If the identified barrier is cost, you would attempt to address the barrier by stating “The agenda will allow for the discussion of cost effectiveness and new billing practices”.

<input checked="" type="checkbox"/>	Lack of time to assess or counsel patients		Lack of consensus on professional guidelines
	Lack of administrative support/resources		Cost
	Insurance/reimbursement issues		No perceived barriers
<input checked="" type="checkbox"/>	Patient compliance issues		Other, specify: _____

Please describe how you will attempt to address these identified barriers in the educational activity:

**The presentations will allow for the discussion of patient compliance issues as well as provide resources related to the assessment and counseling of HIV patients.**

What are other organizations within or outside the institution working on the issue you are addressing? ACCME C20 Department of health Were they invited to assist with the planning of this activity? Invited to serve on the planning committee and assist with the development and implementation of the course.

**Evaluation ACCME C11**

- Activity Evaluation (measures learner satisfaction) *Participants will receive a post evaluation.*
- Audience Response System (measures immediate learning-knowledge/competence) *Will use ARS during two talks.*
- Pre-Post Test (measures immediate learning-knowledge/competence) *Pre/Post tests will be submitted via email to each registered participant*
- Observe changes in health status measures / quality/cost of care (patient health)
- Obtain patient feedback and surveys (patient health)
- Case Discussions or Vignettes (measure application-performance) *One speaker will use case vignettes*
- Focus Group (qualitative measurement to seek more in-depth information-performance)
- Chart audits / direct observations (performance)
- Follow-up Survey (identifies change in practice-performance 3-6 months) *3 months post conf, each participant will receive follow-up survey to determine if they made any changes in practice, etc.*
- Other:

## Final Considerations

Commercial Support and Exhibits ACCME C7, C8, C9, C10

Yes  No This activity will receive commercial support (financial or in-kind grants or donations) from a pharmaceutical or medical device manufacturer? (Note, exhibitor fees are not considered commercial support.)

Yes  No I have read and agree to abide by the ACCME Standards for Commercial Support.

Yes  No Would you like to utilize the USACME online registration service?  
Note, PayPal will charge approximately 3% of all registration payments processed.

**Announcements:** The activity brochure/announcements must be approved prior to publication.  
Use the Brochure Checklist to ensure all required information is provided.

I understand a CME committee member may attend my activity for CME review.

I understand a CME staff member must attend all conferences.

Yes  No I would like CME Office to consider recording this activity to place on the CME website?

If the proposed activity is approved for *AMA PRA Category 1 credit*<sup>™</sup>, I agree to:

- Comply with all ACCME Standards for Commercial Support and USA OCME policies.
- Provide a legible list of all attendees.
- Copy of all registration forms.
- Notification of visiting lecturer and pharmaceutical support.
- I agree to ensure all required information is provided in all of our brochures/announcements.
- I agree to pay all OCME fees plus related expenses.

**As Activity Director (and Coordinator), I attest that all content presented in this activity will be in compliance with the ACCME Policy on Content Validation.**

Signature of Activity Director \_\_\_\_\_ Date 10/01/2011

Signature of Activity Coordinator \_\_\_\_\_ Date 10/01/2011

Approved for \_\_\_\_\_ Credit Hour(s) in AMA/PRA Category 1  Not approved  
Reason: \_\_\_\_\_

\_\_\_\_\_  
CME Committee Member Date \_\_\_\_\_

\_\_\_\_\_  
CME Director Date \_\_\_\_\_

## Budget ACCME C8

Funding (check all that apply) ([Budget Template must be completed and submitted with application](#))

- Grant(s)  Non-government  Professional Society  Hospital
- Department Funds  Registration fee  Contract  Foundation
- Pharmaceutical company  Government  Other: \_\_\_\_\_

**PLEASE print form on back and front of paper.**

Mail to: Sharrie Cranford, LGSW, Director, USA Office Continuing Medical Education  
5695 University Boulevard, CSAB 251 Mobile, Alabama 36688 Phone: 251-414-8080 E-mail: [scanford@usouthal.edu](mailto:scanford@usouthal.edu)

**Application will not be accepted until all forms are attached.**

Application <input checked="" type="checkbox"/>	SCS	Budget <input checked="" type="checkbox"/>	Director Duties <input checked="" type="checkbox"/>	Minutes <input checked="" type="checkbox"/>
Application fee <input checked="" type="checkbox"/>	Signed by planners <input checked="" type="checkbox"/>			
Supporting documentation <input checked="" type="checkbox"/>	Previous Evaluation Summary <input checked="" type="checkbox"/> 2009			
<b>Name (Speaker/Planner)</b>	<b>Disclosure form</b>	<b>Individual has a Disclosure</b>		<b>Objective form</b>
John Smith, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Pfizer honorarium in 2011		<input checked="" type="checkbox"/>
Jane Smith, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, NIH Grant		<input checked="" type="checkbox"/>
Jim Smithers, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes,		<input checked="" type="checkbox"/>
Jill Smithersman, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes,		<input checked="" type="checkbox"/>
Jorge Smitts, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes,		<input checked="" type="checkbox"/>
Jason Smithing, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes,		<input checked="" type="checkbox"/>
Jasper Smiths, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes,		<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes,		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes,		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes,		<input type="checkbox"/>

**Required Attachments**

The following attachments must be included with the submission of this CME Application:

1. Agenda with times, topics, and potential speakers



2009 Agenda

2. Needs assessment supportive documentation (i.e., if you checked "Survey of Target Audience" on page 3, you must provide the survey results)



2008 Post-Activity Eval



Breakout\_Topics



HIV Care - Practice Gaps 1 & 3



HIV Testing in Prisons

3. List of speakers' contact information (please include full name, degree, affiliation, email address at minimum)



2009 Speakers

4. Budget detailing projected income and expenses (template provided or you can use your own)



2009 Projected Budget