**New Application for CME Educational Planning**

**Organization/Department:** Click here to enter text.

**What type of event are you planning?**

Course (i.e., Seminar, Conference, Workshop)  Regularly Scheduled Series (i.e., Grand Rounds, Tumor Board, M&M, Journal Club)

Internet Archived (i.e., On Demand-Online module available at learner’s convenience)

URL where content will be hosted: Click here to enter text.

**Date: Click here to enter text. Start Time: Click here to enter text. End Time: Click here to enter text.**

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| **FOR RSS ONLY:**  **How often will activity be held:**  1/wk.  1/mo.  4/year  Other, specify: **Click here to enter text.**  **Identify days of the week activity is held** (i.e.: every 1st Monday or every Thursday)**: Click here to enter text.** |

**Location: Speaker(s):**

Is this CME activity suitable for video recording for enduring material?  Yes  No

If yes, does speaker agree to being video recorded for COMET?  Yes  No

**Profession(s)** *Select all that apply*:

All professions  Physicians  Residents  Fellows  PA  NP  Pharmacists  Pharm Tech

Nurses  Social Workers  Medical Students  Other, specify: Click here to enter text.

Title of Presentation:

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| Click here to enter text. |

1-2 Line summary of the presentation.

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| Click here to enter text. |

Educational Objectives (i.e., what the participant will learn; minimum 3 objectives)

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* All CME request are subject to approval by the Lakeland Care Planning & Guidance Committee. CME must review and provide final approval on all promotional and recruitment material prior to printing and distributing.

I attest that I have reviewed and agree to the CME requirements for CME/Event Marketing.

***Reminder:* Please attach a CV and signed Disclosure Form for each speaker.**

**Attach Agenda, promotional materials/flyers (if any).**

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| **EVALUATION** |

How do you plan to evaluate/assess changes in learners’ competence, strategies, performance and/or patient outcomes? How do you determine objectives were met?

Evaluation  Pre and Post Test  Audience Response

Survey Post  Test Other

If “Other,” describe how you will measure performance changes and/or improvements in patient outcomes:

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| **FINANCIAL** |

Will your event receive any income from registration fees, educational grants, or exhibits?

Registration Fees  Promotional Exhibits  Educational Grants  No Income

Amount: Click here to enter text.

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| **EDUCATIONAL INFORMATION** |

A professional practice gap is the difference between an ideal state of practice (what should be happening) and actual performance (what is happening). An educational need can be identified as the cause or reason for the practice gap. Gaps exist when providers are not doing everything they could, not doing things correctly, and/or could improve what they are doing. Gaps can be in knowledge (providers don’t know something), competence (providers don’t know how to do something or don’t have the methods/strategies), performance (providers are not doing something in their practice), or patient outcomes (the consequence of the performance).

Questions to ask when identifying the professional practice gaps and educational needs of this event:

* What questions does my audience have and what does that revel about their deficits of knowledge, competence, or performance?
* What patient problems or professional challenges are they unable to address?
* Why does the problem exist? Is there a lack of knowledge, competence, or performance that caused the problem?

Example Practice Gaps:

* Inappropriate technique and use of ultrasound are leading to complications and medical errors. Clinicians are applying incorrect ultrasound techniques (competence, performance)
* IBS continues to be a common condition encountered by healthcare professionals but is often unrecognized. Clinicians are not currently up-to-date on the current evidence for best practice in the treatment of IBS (Knowledge)
* 2/3 of eligible pts. did not receive in-hospital VTE prophylaxis but should. Clinicians are unaware of benefits of prophylactic mechanical and pharmacologic interventions, which have been shown to decrease the rate of VTE (Knowledge). Clinicians are unable to implement prophylaxis in different clinical settings or lack the ability to counsel pts. (Competence)

Indicate the overall issues, problems, and/or professional practice gaps you want to address:

Learners are not aware of new methods for diagnosis and/or treatment

Learners do not know how to properly apply new information into practice

Learners are not properly applying evidence-based guidelines into practice

Learners are having difficulty managing specific patient care scenarios

Patient problems or challenges are not being adequately addressed

PI/QI process identified a gap in care

Broad variation of patient care is being observed across the healthcare team

Practice is not meeting a standard of care

Other, specify: Click here to enter text.

1. What is the PROFESSIONAL PRACTICE GAP for the learner? (See description at the top of this section)

(examples: “learners are not aware of new methods for diagnosis &/or treatment”, “learners are not properly applying evidence-based guidelines into practice”, “recent developments in the dx and treatment of HF have improved prognosis in terms of survival & morbidity due to rehospitalization; the under-utilization of medical & preventative therapies in pts. w/HF”)

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Are there quality improvement initiatives to monitor for this case?  Yes  No

If yes, specify a contact person who will monitor QI initiatives:

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2. What is the educational NEED derived from the professional gap?

**Knowledge** (new diagnostic and treatment options)

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**Competence** (skills – ability to help physicians realize new abilities/strategies - “the ability to identify pts. eligible for xx”)

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**Performance** (changes – modify physician practice – “screening pts. eligible for xx/administering xx treatments”)

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3. What evidence demonstrates that the need was incorporated in the CME? (i.e., objectives) Click here to enter text.

4. What is the CME designed to change? (choose most appropriate)

**Competence** (skills – increase the number of physicians who are skilled in new advances, treatments, or diagnostic options)

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**Performance** (changes – increasing the utilization of screening tools for administering new therapeutic options)

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**Patient Outcomes** (providing tangible improvements in overall health and pt. outcomes “decreased rates of xx or death”

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5. Did the evaluations illustrate that an educational need was met?  Yes  No

6. Were the educational delivery methods appropriate for the objectives and desired results?

Lecture  Panel Discussion  Yes  No

If no, please comment:

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| Click here to enter text. |

7. Which of the following core competencies were incorporated in the CME activity?

**Pt. Care and Procedural Skills** (provide care that is compassionate; appropriate and effective treatment)

**Medical Knowledge** (demonstrate knowledge about established and evolving clinical science and its application)

**Practice-Based Learning /Improvement** (relative to improve practice model of improving medicine)

**Interpersonal & Communication Skills** (effective learning and listening skills, effective exchange of information)

**Professionalism** (adherence to ethical principles, sensitivity to diverse populations, carry out professional responsibility)

**System-Based Practice** (demonstrates awareness to the larger system – resources; coordination across sites)

8. What did the evaluations illustrate in reference to changes in learners’ competency/performance/pt. outcomes?

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| **See COMET** |

9. Describe how this learning activity was integrated/developed in order to improve professional practice initiatives?

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| Click here to enter text. |

10. What NON-educational strategies were utilized to enhance this educational experience?

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11. What factors outside a provider’s control were identified as impacting patient outcomes (myths/misconceptions)?

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| **none** |

12. How did/does the educator implement strategies to address barriers set by the above listed factor(s)?

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| **PLANNING COMMITTEE/FACULTY** |

13. List anyone outside Spectrum Health Lakeland (SHL) involved in selecting speakers, topics or influencing content.

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14. List the groups within SHL who were involved with selecting speakers, topics, or influencing content.

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15. List anyone who in addition to the speaker influenced the scope and content of the educational activity.

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| **ADDITIONAL (COMMENDATION CRITERION)** |

**Team-Based Education (C23-C25)**

**Not Applicable**

**Interprofessional Teams (C23)**

(more than one profession)

Planners  Faculty/Speakers

**Students of health professions (C25)**

(Students of health professions are engaged in the planning and delivery of CME)

Planners  Faculty/Speakers

**Patients and/or members of the public (C24)**

(Patient/public representatives are engaged in the planning and delivery of CME)

Planners  Faculty/Speakers

**Departments/Divisions with which you collaborate in the planning of this activity (both internal and external):**

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| Click here to enter text. |

**Public Health Priorities (C26-28)**

**Not Applicable**

**Incorporates health/practice data (C26)**

* Teaches about collection, analysis, or synthesis of health/practice data
* Uses health/practice data to teach about healthcare improvement

**Addresses population health (C27)**

* Teaches strategies that learners can use to achieve improvements in population health

**Collaborates effectively (C28)**

* Creates or continues collaborations with one or more healthcare or community organizations AND
* Demonstrates that the collaborations augment the provider’s ability to address population health issues

**Please explain:**

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| Click here to enter text. |

**ENHANCING THE LEARNERS SKILLS (C29-C32)**

**Not Applicable**

**Optimizes learners’ communication skills (C29)**

* Provides CME to improve skills
* Includes an evaluation of observed communication skills
* Provides formative feedback to the learner about communication skills

**Optimizes the learners’ technical/procedural skills (C30)**

* Provides CME addressing technical and/or procedural skills
* Includes evaluation of observed technical or procedural skill
* Provides formative feedback to the learner about technical/procedural skill

**Create individualized learning plans (C31)**

* Tracks the learners’ repeated engagement with a longitudinal curriculum/plan over weeks or months
* Provides individualized feedback to the learner to the learner to close practice gaps

**Utilizes support strategies to sustain/reinforce change (C32)**

* Utilizes support strategies to enhance change as an adjunct to CME activities
* Conducts a periodic analysis to determine the effectiveness of support strategies & plans improvement

**Please explain:** (You will be required to submit copies of all materials to the CME department for our files)

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**DEMONSTRATES EDUCATIONAL LEADERSHIP (C33, 35)**

**Not Applicable**

**Engages in research/scholarship (C33)**

* Conducts scholarly pursuit relevant to the CME
* Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum

**Demonstrates creativity/innovation (C35)**

* Implements an innovation that is new for the CME program
* The innovation contributes to the provider’s ability to meet its mission

**Please explain:**

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| Click here to enter text. |

**ACHIEVES OUTCOMES (C36-38)**

**Not Applicable**

**Improve participant performance (C36)**

* Measures performance changes of learners
* Demonstrates improvements in performance of learners

**Improves healthcare quality (C37)**

* Collaborates in the process of healthcare quality improvement
* Demonstrates improvement in healthcare quality

**Improves patient/community health (C38)**

* Collaborates in the process of improving patient or community health
* Demonstrates improvement in patient or community outcomes

**Please explain:**

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| **ACTIVITY REASSESSMENT** |

What are the Barriers of this learning activity? (check all that apply)

Lack of time to assess/counsel patients  Insufficient technical resources

Lack of consensus on professional guidelines  Institutional culture

Insufficient adherence to treatment plan  Insurance/reimbursement issues

Communication/language barriers  Cost of treatment

Institutional policies  Insufficient accessibility/availability of treatment

Insufficient administrative support/resources  No perceived barriers

Insufficient clinical staff  Other, specify: Click here to enter text.

What are the methods of improvement for this learning activity? (i.e. provide local resources; utilized regional data)

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What the reassessment of this learning activity? (i.e. good uses of evidence-based guidelines, good q/a and dialogue)

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| Click here to enter text. |