

SJUMC CME Application

Introduction

Please print and complete the CME application in its entirety. This document links each section with the specific Medical Society of New Jersey and Accreditation Council for Continuing Medical Education (ACCME) requirement for CME activities (note, MSNJ accredits St. Joseph's University Medical Center to provide continuing medical education for physicians and other healthcare professionals). If you need further clarification, please do not hesitate to contact SJUMC CME at 973.754.2684 or CME@sjhmc.org. Please print and complete the application.

Section 1: Activity Description

Activity Information	
Title:	
This activity is presented by the Department(s) of:	Division(s) of:
Date:	Time:
Speaker(s):	Funding: Y ____ N ____
Source of funding:	

Additional dates, times, and locations attached

“Type of Activity” helps us to meet [ACCME Criteria 5](#): *Educational formats are chosen that are appropriate for the setting, objectives, and desired results of the activity.*

Type of Activity (select all that apply) cs

<input type="checkbox"/>	Course (symposium, workshop, conference, etc) – <i>Note, Agenda with speakers, topics, times must be provided.</i>
<input type="checkbox"/>	Internet, Live
<input type="checkbox"/>	Regularly Scheduled Series ¹ (grand rounds, tumor boards, etc)
	Frequency: <input type="checkbox"/> 2/week <input type="checkbox"/> 1/week <input type="checkbox"/> 2/month <input type="checkbox"/> 1/month <input type="checkbox"/> Quarterly <input type="checkbox"/> Other:
<input type="checkbox"/>	Other type of activity, please specify:

Sponsorship (Note: a pharmaceutical company or medical device manufacturer is not a sponsor.)

<input type="checkbox"/>	Directly sponsored (SJUMC department works with SJUMC CME)
<input type="checkbox"/>	Jointly sponsored (SJUMC works with non-ACCME accredited provider) – List Company Name(s):
<input type="checkbox"/>	Co-sponsored (SJUMC works with another ACCME/MSNJ accredited provider) – List Company Name(s):

Credit Type Requested

<input type="checkbox"/>	American Medical Association Category 1 Credit (AMA PRA)
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Section 2: Planning

Planning

In this section, additional individuals involved with the design, development, and implementation of the activity are listed here. In addition, the planning process and target audience are identified.

¹ **Regularly Scheduled Series** are daily, weekly, monthly or quarterly CME activities that are primarily planned by and presented to the organization's professional staff.

Note, the Planning Committee Members are required to complete a SJUMC CME disclosure of financial relationships form before the CME application and planning worksheet will be approved.

Planning Committee Chair The physician or basic scientist who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a certified activity.

Name				Degree(s)	
Title	Affiliation			Department	
Phone		Fax			Email

Administrative Coordinator/CME Associate The individual responsible for the operational and administrative support of the certified activity; this is usually an administrative or staff assistant in the Department/Unit of the AMD.

Name				Degree(s)	
Title	Affiliation			Department	
Address			City	State	ZIP
Phone		Fax			Email

Planning Committee

*In addition to the Planning Committee Chair, and/or CME associate, list the names, degrees, titles, affiliations and emails of persons chiefly responsible for the design and implementation of this activity. Use additional sheets if necessary. **Note, all individuals listed will be required to complete a CME disclosure before the application will be reviewed and approved.***

Name				Degree(s)	
Title	Affiliation			Email	
Name				Degree(s)	
Title	Affiliation			Email	
Name				Degree(s)	
Title	Affiliation			Email	
Name				Degree(s)	
Title	Affiliation			Email	
Name				Degree(s)	
Title	Affiliation			Email	

Planning Process assists SJUMC CME with ensuring compliance with [ACCME Criteria 7](#): *Activities are developed independent of commercial interests.*

Planning Process c7

- Who identified the speakers and topics: Planning Committee Chair, Planning Committee Member, Other (provide names):
- What criteria were used in the selection of speakers (select all that apply)? Subject matter expert
 Excellent teaching skills/effective communicator Experienced in CME Other:
- Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics? No Yes, please explain:

ACCME Criteria 2: Activities incorporate the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps. Documentation must be provided for any source checked. Note: sources used must clearly demonstrate how the need referenced is connected to the professional practice gap(s) and educational need(s). **The below examples highlight the identified gaps and needs of the sample activity. Note, you do not need to add the document icons to your printed CME application – you can include the documents as attachments to the email when submitting the application form.**

Section 3: Needs Assessment and Educational Design

Needs Assessment Data and Sources (select 2 at minimum) c2

Please indicate how the need for this activity was brought to your attention. Select all that apply and provide supportive documentation for all boxes checked. **If you cannot provide documentation, do NOT check that source.**

	<p>Continuing 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></p>
	<p>Formal or informal requests or surveys of the target audience, faculty or staff. <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></p>
	<p>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 interest (not logistical summaries – i.e., food, venue, etc)</i></p>
	<p>Data from peer-reviewed journals, government sources, consensus reports. <i>Potential sources of documentation: abstracts/full journal articles, government produced documents describing educational need and physician practice gaps</i></p>
	<p>New technology, methods of diagnosis/treatment. <i>Potential sources of documentation: description of new procedure, technology, treatment, etc</i></p>
	<p>Legislative, regulatory or organizational changes affecting patient care. <i>Potential sources of documentation: copy of the measure/change</i></p>
	<p>DNV Accreditation Agency. <i>Potential sources of documentation:</i></p>
	<p>Other, please specify:</p>

ACCME Criteria 3: *Activities are designed to change competence, performance, or patient outcomes.* The below information is designed to assist you with completing the table on the next page (p. 6), "Identification of Professional Practice Gaps, Educational Needs, Learning Objectives, and Desired Results".

Identifying Gaps, Needs, Objectives, and Results

What is a practice gap?

A professional practice gap is the difference between **actual** and **ideal** performance. Professional practice gaps are measured in terms of:

- **Knowledge:** being aware of what to do
- **Competence:** being able to apply knowledge, skills, and judgment in practice (knowing how to do something)
- **Performance:** having the ability to implement the strategy or skill (what one actually does)

How are gaps identified?

- A needs assessment looks at the gaps from a variety of angles and perspectives and is a tool for planning the activity.
- The needs assessment helps determine the current situation, state of skills, knowledge, abilities, and/or performance (what should be vs. what is, ideal vs. real, where we are vs. where we want to be).

What is the difference between a gap and a need?

Gaps are the difference between ACTUAL (what is) and IDEAL (what should be) in regards to performance and/or patient outcomes. **Educational needs** are defined as "the need for education on a specific topic identified by a gap in professional practice."

How do I formulate learning objectives?

After looking at the practice gaps and educational needs, what do you want the learner to be able to accomplish after the activity?

- Learning objectives are the take-home messages that bridge the gap between the identified need/gap and the desired result.
- Note: learning objectives should be measurable and should begin with a verb that can be measured ("understand" should not be used as one's understanding cannot be readily measured).

What is a desired result?

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? Is the activity designed to:

- Give participants new abilities/strategies (change competence)?
- Help participants modify their practice (change performance)?
- Help improve patient outcomes?

Note: It is important for the planning committee to be involved with identification of the gaps and needs as well as development of the objectives and results.

Identification of Professional Practice Gaps, Educational Needs, Learning Objectives, and Desired Results (minimum of 3 total must be identified for the overall activity) <small>c2, c3</small>				
Professional Practice Gap	Educational Need	This is a gap/need of: (check all that apply)	Learning Objective	Desired Result
		<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes		
		<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes		
		<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes		

Mission Statement helps us comply with [ACCME Criteria 3](#): *Activities are designed to change competence, performance, or patient outcomes as described in the SJRMC CME mission.*

Alignment with SJUMC CME Mission Statement ^{c3} CME activities should be designed to change competence, performance, or patient outcomes as described in the CME mission statement. The SJUMC Continuing Medical Education (CME) program promotes continuous improvement in patient health care by providing physicians and other health care professionals with high quality, evidence-based educational activities focusing on advances in medicine, medical technology, biomedical research, and changes in the health care environment. The overall goal of the program is to improve patient outcomes by enhancing physician knowledge, competence and performance in practice.

How does this activity align with the mission of SJUMC CME? Check all that apply.

<input type="checkbox"/>	Designed to assist physicians and healthcare professionals gain competency and improve performance in order to become better able to provide higher quality care in order to enhance the health status of the population.
<input type="checkbox"/>	Designed to assist in the dissemination of new medical knowledge.
<input type="checkbox"/>	Collaborates on the design of interdisciplinary educational strategies to improve patient safety and to facilitate patient-centered care.
<input type="checkbox"/>	Designed to optimize appropriate prescribing behaviors.
<input type="checkbox"/>	Promotes the practice of evidence-based medicine.
<input type="checkbox"/>	Other (please explain):

ACCME Criteria 6: *Activities should be developed in the context of desirable physician attributes (e.g., IOM competencies, ACGME competencies). Note, the post-activity evaluation will ask learners to identify which core competencies were addressed in the activity.*

Desirable Physician Attributes / Core Competencies (select 1 at minimum) ^{c6}

CME activities should be developed in the context of desirable physician attributes. Place an "X" next to all American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies that will be addressed in this activity. [Click here for descriptions of each competency.](#)

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

ACCME Criteria 5: *Educational formats are chosen that are appropriate for the setting, objectives and desired results of the activity.*

Educational Design/Methodology ^{c5}

Please indicate the educational method(s) that will be used to achieve the stated goals and objectives. Select all that apply by placing an "X" in the appropriate box.

<input type="checkbox"/>	Didactic lecture	<input type="checkbox"/>	Case presentations
<input type="checkbox"/>	Panel discussions	<input type="checkbox"/>	Simulation/skills labs
<input type="checkbox"/>	Roundtable discussions	<input type="checkbox"/>	Other, specify:
<input type="checkbox"/>	Q&A sessions	<input type="checkbox"/>	

ACCME Criteria 11: Changes in learners' competence, performance, or patient outcomes as a result of the activity are measured and analyzed.

Evaluation and Outcomes C3, C11

How will you measure if changes in competence, performance or patient outcomes have occurred? Place an "X" next to all that apply; note, you may be asked to provide summary data for the evaluation methods selected.

Knowledge/Competence		
<input type="checkbox"/>	Evaluation form for participants (required)	<input type="checkbox"/> Physician and/or patient surveys
<input type="checkbox"/>	Audience response system (ARS)	<input type="checkbox"/> Other, specify:
<input type="checkbox"/>	Customized pre and post-test	
Performance		
<input type="checkbox"/>	Adherence to guidelines	<input type="checkbox"/> Chart audits
<input type="checkbox"/>	Case-based studies	<input type="checkbox"/> Direct observations
<input type="checkbox"/>	Customized follow-up survey/interview/focus group about actual change in practice at specified intervals	<input type="checkbox"/> Other, specify:
Patient/Population Health		
<input type="checkbox"/>	Observe changes in health status measures	<input type="checkbox"/> Obtain patient feedback and surveys
<input type="checkbox"/>	Observe changes in quality/cost of care	<input type="checkbox"/> Other, specify:
<input type="checkbox"/>	Measure mortality and morbidity rates	

Section 4: Additional Information

Support and Exhibits C8, C9, C10

Will this activity receive commercial support (financial or in-kind grants or donations) from a company such as a pharmaceutical or medical device manufacturer? Note, exhibit fees are not considered commercial support.

No Yes and I have read and agree to abide by [ACCME Standards for Commercial Support](#)

Will vendor/exhibit tables be allowed at this activity? No Yes

Preliminary Budget C8

Please use the SURMC CME [budget template](#).

Required Attachments

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

1. CME Activity Agenda with times, topics, and potential speakers
2. Needs assessment supportive documentation (e.g., if you checked "Survey of Target Audience" on page 3, you must provide the survey results)
3. List of speakers' contact information (please include full name, degree, affiliation, email address at minimum)
4. Budget detailing projected income and expenses (template provided or you can use your own)

Note, please attach all documents in your email when submitting your application.