

Basic Information

Specify the following for your activity

Activity Name: *

If you select **Joint Accredited**, please ensure you have *at least two (2) Accreditation types* selected as well.

Select all that apply: *

ACCME (Physicians)
 Non Accredited

Type of Credit Requested *

AMA PRA Category 1 Credits™
 Non-Physician Attendance

Please list additional credits being offered (not accredited by CWRU CME):

Enter the number of credits or contact hours that you are requesting to be awarded to the activity (enter 0 if none): *

Provides AOA

Activity Type *

SubCategory

- Case Based Discussion
- Lecture
- Panel
- Simulation
- Skill-Based Training
- Small Group Discussion
- Other

Other Sub-Category

Activity Format *

Live Activity
 Enduring Material

- Journal-based CME activity
- Test-item writing activity
- Manuscript review activity
- PI CME activity
- Internet point-of-care activity
- Category 1
- Learning from teaching
- Other

If other format, please specify:

Department

Synopsis (short description shown on listing pages - 300 character max)

Activity Description (shown on detailed course page and marketing materials) *

Location and Dates/Times of Activity

Please complete the fields below based on where you meeting/activity will be held.

Location (building/facility/hotel/conference room/online) *select Online for Enduring Materials **

If other location, please specify:

City:	State	Country
<input type="text" value="Cleveland"/>	<input type="text" value="OH"/>	<input type="text" value="UNITED STATES"/>

Activity Start and End Dates

Start Date *	End Date *
<input type="text"/>	<input type="text"/>

Activity Start and End Times

Start Time *	End Time *
<input type="text"/>	<input type="text"/>

Timezone

Target Audience

Geographic Location (select all that apply): *

- Internal only
- Local/Regional
- National
- International

Provider Type (select all that apply): *

- Primary care physicians
- Specialty physicians
- Pharmacists
- Psychologists
- Physician Assistants
- Nurses
- Nurse Practitioners
- Other (specify below)

List other provider types here:

Identify the learners' specialties (check all that apply): *

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic Research | <input type="checkbox"/> All Specialties | <input type="checkbox"/> Anesthesiology |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Biomedical Engineering | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Diagnostic Radiology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Family Medicine |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> General Practice | <input type="checkbox"/> General Surgery |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Geriatric Medicine | <input type="checkbox"/> Hematology |
| <input type="checkbox"/> Hepatology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Neurosurgery |
| <input type="checkbox"/> Nuclear Radiology | <input type="checkbox"/> Ob/Gyn | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Other |
| <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Pain Medicine | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Pulmonary |
| <input type="checkbox"/> Radiology | <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Urology | <input type="checkbox"/> Vascular Surgery | |

List other specialties here:

Please upload a draft program agenda and marketing sample? (Accepted file types: PDF, Word, PowerPoint, Excel)

Planners and Faculty

▼ Inter-professional Education

Inter-professional Education (IPE) C23

IPE is when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes.

Will this activity be planned by and designed for an inter-professional audience? *

Yes

No

If yes, select the health professional(s) represented:

Physician

Physician Assistant

Nurse

Nurse Practitioner

Psychologist

Pharmacist

Social Worker

Other

If other health professional, please specify:

Planning Committee

Complete the table below for each person on the planning committee and include name, credentials, educational degree(s), and role on the planning committee. Designation of Activity Director is mandatory.

▼ Planner Definitions (click to Expand)

Activity Director (AD) *The health professional who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a certified activity. The Activity Director must be a CWRU School of Medicine faculty member.*

Activity Co-Director (optional) *The individual who shares responsibility for planning the certified activity, strongly encouraged for a jointly sponsored activity.*

Administrative Coordinator/CME Associate *The individual responsible for the operational and administrative support of the certified activity.*

Instructions: The fields in red are required. Enter a valid email address, if the user has a disclosure on file the name and degree will be automatically populated for you. If the user does not have a disclosure, the Disclosure form will automatically be

emailed to them as long as a valid email address is provided for them below.

To add more planners, click the green plus (+) icon.

▼ Qualified Planner

Email *	First and Last Name *
<input type="text"/>	<input type="text"/>
Title	Degree *
<input type="text"/>	<input type="text"/>
Department or Affiliation	Role in Planning Content *
<input type="text"/>	<input type="text"/>
Disclosure Information	
<input type="text"/>	

Check here if Administrative Coordinator/CME Associate is not involved with selecting speakers, topics, influencing content.

Faculty/Presenters/Authors

To add additional Faculty, click the green plus (+) icon to the left of the table row.

NOTE: Faculty who do not have a disclosure on file will receive an automatic e-mail requesting their disclosure form when the application is submitted as long as a valid email address is provided for them below.

Email	Full Name	Degree	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gaps, Needs Assessment and Educational Design

Gap Analysis

What is the “problem or gap in practice” (difference between current state and desired state or opportunity for improvement) that this activity is designed to address? *

What is the root cause of the professional practice gap(s)? Select all that apply.

- Knowledge Need Competency/Skill/Strategy Need Performance Need

If Knowledge checked above, please elaborate (50 words max):

Word Count:

If Competency/Skill/Strategy checked above, please elaborate (50 words max):

Word Count:

If Performance checked above, please elaborate (50 words max):

Word Count:

Explain why this educational format is appropriate for the setting, objectives and desired results of this activity (25 words max):

Word Count:

Needs Assessment

Source of Gaps – Select two or more sources to document your practice gap analysis and attach documentation for at least two (2) of the sources: *

- Planning/Faculty/Advisory Committee members
- Department Chair/Leadership
- Peer-reviewed literature
- Current research
- Specialty society guidelines
- Competency statements (ACGME, ABMS)
- Evaluation results from previous activities
- Needs assessment survey
-

Focus group/ discussion

- Request from relevant healthcare professionals
- Requested by institution(s) or health care professional group(s)
- Departmental quality metrics
- QA/QI data or dashboards
- Department/specialty case reviews that highlight potential problems
- Database analyses (utilization, practice management, medication Rx, etc.)
- National guidelines (NIH, CDC, AHRQ, etc.)
- Regulatory requirements (Joint Commission, MOC, etc.)
- Epidemiological data
- Review of board examinations and/or recertification requirements

If other needs assessment, please specify:

Upload Needs Assessment Documentation (Accepted file types: Word, Excel, PowerPoint, PDF)

Educational Design/Methodology C5

Please indicate the educational method(s) that will be used to address the professional practice gaps. Select all that apply. *

- Didactic lecture
- Case presentations
- Panel or roundtable discussions
- Simulation/skills labs
- Audience Response System
- Q&A sessions
- Pre and Post Test
- Level of Intent to Change Contract
- Reflective Essay
- Post – Activity Follow-up Survey
- 360 Degree Assessment
- Other – please specify

If other educational method, please specify:

Other Educational Strategies C32

Will you use other educational strategies to help health professionals address professional practice gaps? *

- Yes No

Please indicate which strategies you will use:

- Patient information materials
- Pocket cards
- Posters in hospital
- Post-activity chart review
-

Reflective essay

Video of standardized patient encounter

Other (please specify)

List other strategies here:

Will you conduct a periodic analysis to determine the effectiveness of the support strategy?

Yes

No

If yes, please describe your plan:

Will you be providing non-educational intervention(s) with this activity? *

Yes

No

If yes, please specify:

Upload Documentation if available (Accepted file types: Word, Excel, PowerPoint, PDF)

Building Bridges with Other Stakeholders C20, C28

Are other internal and/or external stakeholders working on similar issues that CWRU can partner with? *

Yes, identify who below

No

Identify who is working on this issue:

How could that work be connected with this CME activity?

Barriers * (required)

No Barriers

Provider Barriers

Clinical Knowledge/Skill/Expertise

Peer Influence

Motivation

Cultural Competence

Fear/Legal Concerns

Team Barriers

- Roles and Responsibilities
- Shared Values and Trust
- Communication
- Team Structure
- Competence
- Consensus

Patient Barriers

- Patient Adherence
- Communication/Language Barriers

System/Organization Barriers

- Work Overload
- Practice Process
- Referral Process
- Cost/Funding
- Culture of Safety
- Insurance Reimbursement
- Lack of Administrative Support/Resources

Other Barriers

- Lack of Opportunity
- Lack of Time to Assess or Counsel Patients
- Lack of Consensus on Professional Guidelines
- NA

Please explain how the identified barriers will be addressed?

Please complete the Barriers section by making a selection.

Objectives, Learning Outcomes, and Competencies

Objectives/Learning Outcomes

Learning objectives describe what a learner should be able to do after the educational activity. Objectives should be measurable. For RSSs, write global objectives to best represent the learning needs of the annual program.

To enter your objectives, type an objective/learning outcome into the table below. At least two objectives are required. To add additional objectives click the plus icon. To remove objectives click the minus icon.

At the conclusion of this activity, participants will be able to:

Objectives

Number	Objective
1	

NOTE: These objectives will be stated in the promotional brochure and activity's syllabus.

Outcomes

As a minimum requirement select all that apply:

Knowledge/Competence: *

- Evaluation/SelfAssessment
- Audience Response System
- Customized pre/post test
- Physician or patient surveys and evaluations
- Other (please specify)

If Other, please specify

Do you have a plan to measure outcomes data? *

- Yes No

Performance in Practice:

- Adherence to guidelines

Case-based studies

- Chart audits
- Customized follow--up survey/interview/focus group about actual change in practice at specified intervals
- Physician or patient feedback
- Other (please specify)

If Other, please specify

Patient/Population Health

- Change in health status measure
- Change in quality/cost of care
- Measure mortality and morbidity rates
- Patient feedback and surveys
- Other (please specify)

If Other, please specify

Briefly describe what outcomes data you will analyze and when you expect to have the results. You will be asked to provide a post course summary of your analysis to the CME Program.

Competencies

A CME activity must be developed in the context of desirable physician attributes. Indicate which of the Accreditation Council for Graduate Medical Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaborative (IEC) core competencies will be addressed by this CME activity. (Please only select the core competencies that most **closely** reflect the educational agenda of your activity).

ACGME/ABMS

- Patient Care or Procedural Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal & Communication Skills
- Professionalisms
- System-Based Practice

Institute of Medicine

- Provide Patient-Centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice
- Apply Quality Improvement
- Utilize Informatics

Interprofessional Education Collaborative

- Values / Ethics for Interprofessional Practice
- Roles / Responsibilities
- Interprofessional Communication
- Teams & Teamwork

Other Competencies

Commercial Support and Budget

Support and Exhibits C8, C9, C10

All commercial supporters must comply with the **ACCME Standards for Commercial Support of CME Activities**.

Will you be requesting support from a commercial interest in the form of an educational grant or in-kind support for this activity?

*

Yes No

CME staff will contact you regarding commercial support requirements.

Will you offer exhibit space/promotional opportunities for this activity? *

Yes No

Preliminary Budget C8

We strongly encourage you to use the CWRU CME Income and Expense Template

<https://case.edu/medicine/cme/sites/case.edu.cme/files/2018-04/Income-and-Expense-Statement-Template.xlsx>. If you have your own template, please ensure that projected income and expenses are listed in detail.

Upload Activity Income and Expense Projection (accepted file types: PDF, Word, Excel):

Projected Fees for Sponsorship, Conference Management Services and Certificates

Fee Type:	Amount
Sole Sponsorship Fee:	
Joint Sponsorship Fee:	
Meeting Management Fee:	
Registration Fee: (if service requested) \$25.00/participant x Projected # of Participants	
Other Fees (specify): CME Financial Management	
Total Conference Management Fees:	

Billing Contact Information

Billing Contact Person:

Billing Contact Email:

Case Western Reserve University Speedtype No.:

Attestation

I attest that this CME activity has been planned and is meeting the *ACCME Accreditation Criteria, updated June 2014, the Standards for Commercial Support (Revised March 2014)*, the policies of the CME Program as stated on our website (<https://cwru.cloud-cme.com>) and this agreement. I will ensure the highest standards regarding the conduct and scientific integrity and the application of evidence-based clinical practice of this activity. I will ensure that all scientific research referred to, reported or used in support or justification of an activity will conform to generally accepted standards of experimental design, data collection and analysis. I recognize the importance of providing education absolutely free of bias from commercial interests and will closely follow the CME Program's Commercial Support Policy and its process for disclosure of financial relationships and resolution of conflict of interest.

The costs of an activity may place Case Western Reserve University School of Medicine at financial risk. The CME Program is not funded, nor has the financial resources, to accept that risk. The CME Program will not sponsor an activity that cannot demonstrate a very high probability of financial success or guarantee the financial resources to cover a projected deficit. A financial deficit must be paid in 60 days from date of invoice.

My department agrees to accept full financial responsibility and accountability for full payment of the fees and expenses agreed upon above as well as all other expenses related to the activity and authorize transfer of funds to pay said fees & expenses.

In the event funds have not been received after 90 days, the CME program will notify the department before debiting the account.

I agree to the above attestation *

Yes