

The Institute for Continuing Medical Education program will foster a stimulating academic environment that will maintain and enhance high levels of knowledge, skills, and professional medical performance as measured by pre- and post-tests and analytical review, application of knowledge, change in behavior, practice and outcomes, thereby, ensuring the continuance of high quality care for the patient.

*Please note: The CME Department requires a minimum of four (4) months planning from the date of the activity, to ensure a successful event.*

## DEMOGRAPHICS

Today' Date	
Activity Title:	
Speaker:	
Overall Learning Objective:	
Applicant Name:	
Phone Number:	
Fax Number:	
Email Address:	

## TARGET AUDIENCE

### 1. PRIMARY GEOGRAPHIC REACH: WHO IS INVITED TO ATTEND THIS ACTIVITY?\*

- Hurley Medical Center Audience Only
- Genesee and Contiguous Counties (Genesee, Shiawassee, Saginaw, Tuscola, Livingston, Lapeer and Oakland)
- Other: \_\_\_\_\_

### 2. SPECIALTY

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> All Specialties    | <input type="checkbox"/> Oncology                | <input type="checkbox"/> Radiation Oncology    |
| <input type="checkbox"/> Anesthesiology     | <input type="checkbox"/> Ophthalmology           | <input type="checkbox"/> Radiology             |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Orthopaedics            | <input type="checkbox"/> Surgery               |
| <input type="checkbox"/> Dermatology        | <input type="checkbox"/> Pathology               | <input type="checkbox"/> Urology               |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Primary Care Physicians | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Neurology          | <input type="checkbox"/> Psychiatry              |  |
| <input type="checkbox"/> Ob/Gyn             | <input type="checkbox"/> Psychology              |  |

## TYPE OF ACTIVITY

### 3. REGULARLY SCHEDULED SERIES

Select all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Grand Rounds   | <input type="checkbox"/> Journal Club  |
| <input type="checkbox"/> M&M  | <input type="checkbox"/> Lecture Series (i.e., Wellness Series, Lunch & Learn) |
| <input type="checkbox"/> Case Based Series (i.e., Tumor Boards, Case Studies) | <input type="checkbox"/> Internet  |

Department:	
Location:	
Start Time:	
End Time:	
# of CME Hours Requested:	

**How often is your meeting held? (\* = Schedule required – list dates if known in the provided field)**

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> 1/week  | <input type="checkbox"/> 4/year* _____ |
| <input type="checkbox"/> 2/week  | <input type="checkbox"/> 6/year* _____ |
| <input type="checkbox"/> 1 month | <input type="checkbox"/> Other* _____  |
| <input type="checkbox"/> 2 month |  |

**Please identify the day(s) of the week your meeting is held.**

- |                                  |                                    |                                 |
|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Monday  | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday  |                                 |

**Please identify when your meeting is held.**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> 1 <sup>st</sup> | <input type="checkbox"/> Monday    |
| <input type="checkbox"/> 2 <sup>nd</sup> | <input type="checkbox"/> Tuesday   |
| <input type="checkbox"/> 3 <sup>rd</sup> | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> 4 <sup>th</sup> | <input type="checkbox"/> Thursday  |
| <input type="checkbox"/> 5 <sup>th</sup> | <input type="checkbox"/> Friday    |

#### 4. ACTIVITY TYPE

- |  |   |
|--|---|
| <input type="checkbox"/> Course                            | <input type="checkbox"/> Internet Live - ZOOM         |
| <input type="checkbox"/> Enduring (i.e. Printed, Recorded) | <input type="checkbox"/> Internet (Enduring Material) |
| <input type="checkbox"/> Blended (Live & Enduring)         |   |

Preferred Activity Day(s)/Date(s):	
Preferred Location:	
Preferred Time (s):	
Anticipated Audience Number:	
# of CME Hours Requested:	

#### TOPIC

#### 5. SPECIAL TOPIC CREDITS

**Will your educational activity include content on any of the following topics?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Pain and Symptom Management | <input type="checkbox"/> No, this activity will not include content on these topics |
| <input type="checkbox"/> Medical Ethics    | <input type="checkbox"/> Patient Safety              |   |

## PLANNING COMMITTEE

### PLANNING COMMITTEE INFORMATION

These are the individuals who are involved with the planning (including the identification and selection of presenters and topics), development, and delivery of the educational aspects of this initiative. An up-to-date disclosure of conflict of interest is required for all planning committee members and faculty. **If any individual fails to sign a Conflict of Interest Declaration/Faculty Disclosure Form, please ensure they are removed from any responsibilities concerning this CME activity (ACCME SCS 2.2)**

The provider must ensure that the content of the CME remains beyond the control of any commercial interest. (ACCME SCS 1.1) **The use of employees of ACCME-defined commercial interest as faculty and planners or in other roles where they are in a position to control the content of accredited CME is prohibited.**

#### 6. Please list all Course Director(s) and Coordinators

*This is the individual(s) with overall responsibility for the planning, development and implementation of this educational event/learning activity.*

##### Course Director (Must be a physician)\*

**\*There must be a physician on the committee.** All planning committee members, presenters, authors and moderators must disclose any, or no, relevant financial relationships with a commercial interest by completing a Conflict of Interest Declaration/Faculty Disclosure Form (ACCME SCS 2.1)

First Name	
Last Name	
Degree	
Affiliation	
Email Address	
Phone Number	
Faculty Disclosure Form Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

##### Course Director (Optional – Must be a physician)

First Name	
Last Name	
Degree	
Affiliation	
Email Address	
Phone Number	
Faculty Disclosure Form Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

##### Primary Coordinator – RSS ONLY *(This is the individual(s) responsible for the operational and administrative support of the RSS)*

First Name	
Last Name	
Degree	
Affiliation	
Email Address	
Phone Number	
Faculty Disclosure Form Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

***The following is a list of all individuals involved in the planning and development of this activity. This includes all course directors, preceptors, planners, speakers, moderators, etc. The list must contain the individual's full name, degree, affiliation and email address (at minimum).***

First Name	Regina
Last Name	Waller
Degree	Director CME, Med Staff, Phy Services
Affiliation	HMC
Email Address	<a href="mailto:Rwaller2@hurleymc.com">Rwaller2@hurleymc.com</a>
Phone Number	262-7302
Faculty Disclosure Form Collected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

First Name	Michelle
Last Name	Landis
Degree	CME Coordinator
Affiliation	HMC CME
Email Address	<a href="mailto:MLandis1@hurleymc.com">MLandis1@hurleymc.com</a>
Phone Number	262-9142
Faculty Disclosure Form Collected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## TEAM BASED CARE | CRITERION 23

One of the most effective ways to maximize the complementary skill sets of healthcare professionals is to work as a team. A team-based approach can include various combinations of physicians, nurses, physician assistants, pharmacists, social workers, case managers, spiritual care, patient advisors, etc. The unique strengths and perspectives of each member of the team are an asset when providing the safest, best possible care to patients. While team-based education is important, there are also situations where uni-professional (single profession) or multi-professional (multiple professions learning in parallel) education is necessary.

*When planning and developing the content for the target audience, consider the daily practice of the profession, relevant practice parameters and practice guidelines, and how the profession participates as a member of the healthcare team.*

The next three questions are related to:

- Who is involved in the **PLANNING** of the educational activity? Planning includes the identification of topics to be presented, identification of speakers to deliver the presentations, identification of cases to be discussed, etc.
- Who is involved in the **PRESENTATION** of content for this activity? Presentation of content includes speakers, authors, moderators, panelists, etc.
- Who will be invited to **ATTEND** this educational activity (i.e., who will the content of this educational activity be applicable to)?

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## PROFESSIONS INVOLVED WITH PLANNING, PRESENTING AND ATTENDING

Select all that apply for each question:

### 7. Profession(s) involved with PLANNING:

- |  |   |
|--|---|
| <input type="checkbox"/> Advanced Practice Nurses          | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Behavioral Medicine Practitioners | <input type="checkbox"/> Physicians           |
| <input type="checkbox"/> Case Managers                     | <input type="checkbox"/> Residents/Fellows    |
| <input type="checkbox"/> Medical Students                  | <input type="checkbox"/> Social Workers       |
| <input type="checkbox"/> Patient Advisors                  | <input type="checkbox"/> Spiritual Care       |
| <input type="checkbox"/> Pharmacists                       | <input type="checkbox"/> Other: _____         |

### 8. Profession(s) involved with PRESENTING:

- |  |   |
|--|---|
| <input type="checkbox"/> Advanced Practice Nurses          | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Behavioral Medicine Practitioners | <input type="checkbox"/> Physicians           |
| <input type="checkbox"/> Case Managers                     | <input type="checkbox"/> Residents/Fellows    |
| <input type="checkbox"/> Medical Students                  | <input type="checkbox"/> Social Workers       |
| <input type="checkbox"/> Patient Advisors                  | <input type="checkbox"/> Spiritual Care       |
| <input type="checkbox"/> Pharmacists                       | <input type="checkbox"/> Other: _____         |

9. Professions who will be invited to ATTEND:

- |  |   |
|--|---|
| <input type="checkbox"/> Advanced Practice Nurses          | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Behavioral Medicine Practitioners | <input type="checkbox"/> Physicians           |
| <input type="checkbox"/> Case Managers                     | <input type="checkbox"/> Residents/Fellows    |
| <input type="checkbox"/> Medical Students                  | <input type="checkbox"/> Social Workers       |
| <input type="checkbox"/> Patient Advisors                  | <input type="checkbox"/> Spiritual Care       |
| <input type="checkbox"/> Pharmacists                       | <input type="checkbox"/> Other: _____         |

10. Please identify which type of education best describes the activity you are planning.

- Uni-professional Education (One profession plans and delivers the education and participates in the learning).
- Multi-professional Education (One profession plans and delivers the education, but multiple professions participate in the learning in parallel).
- Inter-professional Education (More than one profession plans, develops, delivers and participates in the education).

**EDUCATIONAL NEEDS & OUTCOMES**

DESCRIBE HOW YOUR ACTIVITIES ARE DESIGNED TO CHANGE KNOWLEDGE, COMPETENCE, PERFORMANCE, AND/OR PATIENT OUTCOMES OF YOUR LEARNERS

11. Please state the educational need(s): A minimum of 1 category must be answered (i.e., if you are only trying to change competence, then you only need to complete the competence section). | Criterion 2

Example:

- ◆ **Knowledge:** Need understanding of how thyroid cancer patients are staged
- ◆ **Competence:** Due to inability of proper diagnostic workup of thyroid cancer
- ◆ **Performance:** Need to perform the staging of thyroid cancer patients using the 2019 NCCN guidelines
- ◆ **Patient Outcomes:** Need to define statutes guiding DNR consent to avoid confusion and fear of bad outcomes if orders are not completed appropriately.

IMPROVED KNOWLEDGE | MAXIMUM 50 WORDS

INCREASED COMPETENCE | MAXIMUM 50 WORDS

INCREASED PERFORMANCE | MAXIMUM 50 WORDS

INCREASED PATIENT OUTCOMES | MAXIMUM 50 WORDS

12. What are the desired outcome(s) for this activity? A minimum of 1 category must be answered (i.e., if you are only trying to change competence, then you only need to complete the competence section). Only include desired outcomes that you actually plan to evaluate and monitor. | Criterion 3

Example:

- ◆ **Increased Competence:** Correctly identify required actions to manage patients in hypertensive crisis.
- ◆ **Increased Performance:** Utilize an evidence-based protocol for treatment of patients in hypertensive crisis.
- ◆ **Increased Patient Outcomes:** Implement strategies to reduce length of stay.

INCREASED COMPETENCE | MAXIMUM 50 WORDS

INCREASED PERFORMANCE | MAXIMUM 50 WORDS

INCREASED PATIENT OUTCOMES | MAXIMUM 50 WORDS

OUTCOME MEASUREMENTS

BASED ON THE DESIRES OUTCOMES, WHAT DO YOU WANT THE LEARNER TO DO AS A RESULT OF ATTENDING THIS CME ACTIVITY? THE STATEMENTS AND RATING SCALE BELOW WILL BE GIVEN TO THE PARTICIPANTS **THREE (3) MONTHS POST CME ACTIVITY:**

1.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

2.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

3.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

As a participant in this course, I have implemented the following in my practice

PROFESSIONAL PRACTICE GAPS

DESCRIBE THE PROCESS OR PROCESSES YOU USE TO IDENTIFY THE PROFESSIONAL PRACTICE GAPS OF THE LEARNER. CRITERION 2 (**DOCUMENTATION IS REQUIRED**)

**13. Please use the checklist below, indicate which methods were used to identify the existence of professional gaps between current and best practice. PLEASE PROVIDE DOCUMENTATION. For CME Certification, please provide at least two (2) examples of the sources that you have indicated. *If you cannot provide documentation, please do not check the source.***

- Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews. (Sources of documentation: audit reports/chart reviews).
- Ongoing census of diagnoses made by the physicians on staff. (Sources of documentation: summary of notes or minutes of meetings).
- Advice from authorities of the field or relevant medical societies. (Sources of documentation: list of expert names/medical societies and summary of recommendations)
- Formal surveys of the target audience. (Sources of documentation: description of the audience make-up and summary of informal survey).
- Quality/Performance Improvement Data from institutional/government sources (Sources of documentation: public health statistics, online database, publications)
- Peer reviewed literature and/or consensus reports (Sources of documentation: publication review and/or report)
- Formal tests to determine physician competence (Sources of documentation: test and summary of statistics)
- Evaluations and recommendations from previous CME activities (Sources of documentation: evaluation summaries and data)
- Maintenance of Certification requirements (Sources of documentation: review/update requirements)

- Review of problem cases (Sources of documentation: summary of patient problem logs)
- New technology (Sources of documentation: description of new procedure and date of inception)
- New legislation/regulations (Sources of documentation: copy of the measure)
- Patient/Family survey of interviews
- Online: PubMed Clinical Queries, TRIP Database, Evidence-Based Medicine
- Public Health/Epidemiology data
- Audience Input (Sources of documentation: evaluation data from previous activities)
- Direct observation of problem
- Perception of Faculty/Issue Identified (Sources of documentation: minutes, reports)

**14. Indicate the overall issues, problems, and/or professional gaps you want to address through this education activity. Select all that apply.**

- Learners are not aware of new methods for diagnosis and/or treatment.
- Learners are not properly applying evidence-based guidelines into practice.
- Patient problems or challenges are not being adequately addressed.
- Broad variation of patient care is being observed across the healthcare team.
- Learners do not know how to properly apply new information into practice.
- Learners are having difficulty managing specific patient care scenarios.
- PI/QI process identified a gap in care.
- Practice is not meeting a standard of care.
- Other: please specify:

**15. Describe the specific issues, problems and/or practice gaps for this educational activity. Note: This is NOT a list of topics that will be discussed. PLEASE PROVIDE DOCUMENTATION**

**Example:**

- ◆ **Overall Issues:**
  - “Learners are not aware of new methods for diagnosis and/or treatment.”
  - “Learners are not properly applying evidence-based guidelines into practice.”
- ◆ **Specific Issues:**
  - “Recent developments in the diagnosis and treatment of heart failure have improved prognosis in terms of both survival and morbidity due to re-hospitalization; however, the under-utilization of medical and preventive therapies in patients with heart failure is a major health issue, despite the recommendations of various evidence-based guidelines.

*This must be stated as the problem(s)/issue(s) observed in practice which the activity is based. (Maximum 100 words.)*

**LEARNING OBJECTIVES – CRITERION 3**

*“The How” – A minimum of three objectives are required. The objectives are the solution to address the need and help close the gap.*

<i>Issue/Need Identified</i>	<i>Appropriate objectives should start with:</i>
<b>Knowledge</b>	Define, recognize, review and/or discuss
<b>Competence</b>	Ability, evaluate, utilize, compare and/or integrate
<b>Performance</b>	Develop, implement, manage, apply and/or diagnose
<b>Patient Outcomes</b>	Assess, implement, manage, apply and/or diagnose

**16. Based on the desired result of the activity, what are the objectives? It will read on the flyer/brochure as:**

Upon completion of this activity, participants will be able to:

1	
---	--

2	
3	

## EVALUATION METHODS – CRITERION 11

17. Based on data and information from your program-based analysis on the degree to which the expected results component of your CME mission has been met through the conduct of your CME activities/educational interventions.

**If designed to change KNOWLEDGE and/or COMPETENCE, please check the evaluation method (s) to be used:**

- |  |  |
|--|--|
| <input type="checkbox"/> Formal questionnaire<br><input type="checkbox"/> Follow up questionnaire in the near future<br><input type="checkbox"/> Pre/post test | <input type="checkbox"/> Question and Answers during Activity<br><input type="checkbox"/> Focus group/Interview at the completion of the activity<br><input type="checkbox"/> Other: _____ |
|--|--|

**If designed to change PERFORMANCE, please check the evaluation method(s) to be used:**

- |  |   |
|--|---|
| <input type="checkbox"/> Activity Evaluation and 3 month post-survey (included with each program)<br><input type="checkbox"/> Case-based study analysis<br><input type="checkbox"/> Pre and post-activity self-reported change in practice | <input type="checkbox"/> Direct observation in practice with feedback<br><input type="checkbox"/> Qualitative studies post activity (focus groups)<br><input type="checkbox"/> Other: _____ |
|--|---|

**If designed to change PATIENT OUTCOMES, please check the evaluation method(s) to be used:**

- |  |  |
|--|--|
| <input type="checkbox"/> Activity Evaluation and 3 month post-survey (included with each program)<br><input type="checkbox"/> Patient charts audit observed changes in health status measures. | <input type="checkbox"/> Data from registries<br><input type="checkbox"/> Observed changes in quality/cost of care<br><input type="checkbox"/> Changes in mortality and morbidity rates<br><input type="checkbox"/> Other: _____ |
|--|--|

## EDUCATIONAL FORMAT

DESCRIBE HOW YOUR ACTIVITY IS DESIGNED TO ENSURE THAT THE FORMAT IS APPROPRIATE FOR THE SETTING, OBJECTIVES AND DESIRED RESULTS OF THE ACTIVITY

18. What will be the educational format of this activity? | Criterion 5

- Case-Based Discussion
- Live Course/Didactic Lecture with Q&A
- Skill-Based Training
- Simulation
- Small Group Discussion
- Panel Discussion
- Enduring Materials for Hurley CME on Demand
- Other (e.g., workshop, etc.); specify: \_\_\_\_\_

19. Explain why the educational format is appropriate to the setting, objectives, and desired results of the activity. (Maximum 25 word answer). | Criterion 5

- Case Based Discussion** allows the participants to contribute content/information to the discussion of a case.
- Live Course/Didactic Lecture with Q&A:** Information as didactic lecture allows the participants to interact with the expert furthering discussion and clarification.
- Skill Based Training** allows the participant how to perform the procedure.
- Simulation** teaches participant how to optimize clinical management.



- Small Group Discussion** – Moderator provides time for small group discussion regarding self-assessment questions and allow groups to report out their response.
- Panel Discussion** – The group of panelists provide information more interesting than any one individual panel member could generate on his/her own.
- Enduring Materials** will allow material to “endure” over time for use by future learners.

**20. Why is your speaker the right faculty to cover this content? Please check all that apply | Criterion 3**

- Experienced on the subject he/she will speak on
- Able to deliver something the learners won't find elsewhere
- Speaker's content connects with the objectives of this activity
- Expert in the field of this activity
- Referred by faculty as presenter at other CME activity
- No commercial conflicts

**SPEAKER INFORMATION**

*Please fill out for each speaker and submit a copy of the Curriculum Vitae (CV) or Resume AND a completed and signed Conflict of Interest Declaration/Faculty Disclosure Form.*

Speaker Name:	
Credential(s)/Title(s):	
Organization:	
Organization Address:	
City, State, Zip Code:	
Telephone Number:	
Fax Number:	
E-mail Address:	
Alternate Contact Name:	
Alternate Telephone Number:	
Alternate E-mail Address:	

**EDUCATIONAL INTERVENTIONS**

Criterion 6, 27, 28, 32

**21. DESCRIBE HOW YOUR ACTIVITIES/EDUCATIONAL INTERVENTIONS ARE DEVELOPED IN THE CONTEXT OF DESIREABLE PHYSICIAN ATTRIBUTES – CRITERION 6**

**INSTITUTE OF MEDICINE (IOM) CORE COMPETENCIES**

- Provide patient centered care.** Identify respect and care about patients' differences, values, preferences, and expressed needs, relieve pain and suffering, coordinate continuous care, listen to, clearly inform, communicate with, and educate patients, share decision-making and management, and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
- Work in interdisciplinary teams.** Cooperate, collaborate, communicate, and integrate are in teams to ensure that care is continuous and reliable.
- Employ evidence-based practice.** Integrate best research with clinical expertise and patient values for optimum care and participate in learning and research activities to the extent feasible.
- Apply quality improvement.** Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care; with the objective of improving quality.
- Utilize informatics.** Communicate, manage knowledge, mitigate error, and support decision-making using information technology.

ACGME/ABMS COMPETENCIES

- Patient care and Procedural Skills** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Medical knowledge** about established and evolving biomedical, clinical and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care.
- Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care.
- Interpersonal and communication skills** that result in effective information exchange and learning with patients, their families and other health professionals.
- Professionalism**, as manifested through a commitment to carry out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- System-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively all on system resources to provide care that is of optimal value.

TEAM BASED COMPETENCIES/INTERPROFESSIONAL EDUCATION COLLABORATIVE COMPETENCIES

- Values/Ethics for Interprofessional Practice.** Work with individuals of other professions to maintain a climate of mutual-respect and shared values.
- Roles/Responsibilities.** Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.
- Interprofessional Communication.** Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.
- Teams and Teamwork.** Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

22. Are there non-educational strategies that are currently being used that address this issue (e.g., reminder cards, reference guide, telephone calls, etc.)? | Criterion 32

Yes

If yes, what kinds of non-educational strategies will you use to address this issue?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Reminder systems, checklists | <input type="checkbox"/> Post-activity follow up with key points from the lecture(s) | <input type="checkbox"/> Patient educational materials |
| <input type="checkbox"/> Newsletter, booklets         | <input type="checkbox"/> Algorithms, clinical protocols                              | <input type="checkbox"/> Other, specify: _____         |
| <input type="checkbox"/> Posters, safety flip charts  | <input type="checkbox"/> Pocket card guidelines                                      |  |
| <input type="checkbox"/> Patient Assessment Tools     |  |  |

No

If no, what kinds of non-educational strategies could be used to address this issue?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Reminder systems, checklists | <input type="checkbox"/> Post-activity follow up with key points from the lecture(s) | <input type="checkbox"/> Patient, educational materials |
| <input type="checkbox"/> Newsletter, booklets         | <input type="checkbox"/> Algorithms, clinical protocols                              | <input type="checkbox"/> Other, specify: _____          |
| <input type="checkbox"/> Posters, safety flip charts  | <input type="checkbox"/> Pocket card guidelines                                      | <input type="checkbox"/> Not at this time               |
| <input type="checkbox"/> Patient Assessment Tools     |  |   |

23. Will you be partnering/collaborating with any external (non-Hurley) organizations in the planning, development, implementation, or evaluation of this activity? PLEASE NOTE: DISCLOSURES MUST BE ATTACHED | Criterion 28

Yes – If yes, please list all companies involved with this learning activity as it relates to their primary involvement (enter “N/A” if the role does not apply)

No

<i>Role</i>	<i>Organization(s) Involved</i>
Planning Content	
Logistics	
Other	

24. Were any of the organizations you collaborated with instrumental in effectively addressing population health issues? | Criterion 27

Yes

No

N/A

If yes, please describe the collaboration and show how this collaboration augmented Hurley CME's ability to address population health issues. (Maximum 250 words)

QUALITY IMPROVEMENT | CRITERION 37

PATIENT SAFETY CONSIDERATIONS/INSTITUTIONAL OR SYSTEM FRAMEWORK

25. Is this activity designed to help achieve/improve Patient and Family Centered Care at Hurley Medical Center?

Yes  No

If yes, please describe below:

26. What metrics are you trying to address/improve through this educational event:

AHRQ Quality Indicators

Joint Commission

Core Measures

Other, specify: \_\_\_\_\_

HCAHPS

None

27. What specific Core Measures are you trying to meet/improve:

Acute Myocardial Infarction

Pneumonia Care

Surgical Care Improvement

Venous Thromboembolism

Length of Stay

Immunization

30 Day Readmissions

Heart Failure

Outpatient Measures

Mortality

Patient Satisfaction

Stroke

28. What specific HCAHPS metrics are you trying to meet/improve:

Communication with Nurses

Discharge

Communication about Medications

Core Transitions

Communication with Doctors

Respect of Staff

Pain Control

Environment

29. What specific Joint Commission metrics are you trying to meet/improve:

Hip/Knee Replacement

Transplant Care

Pain Management

Bariatric Care

Chest Pain

Diabetes

Stroke

30. Describe how you collaborated in the process for healthcare quality improvement, along with the improvements that resulted. Include data (qualitative or quantitative) that demonstrates the improvements (Maximum 500 words)

## COMMUNICATION SKILLS

31. Describe the evaluation of communication skills used for learners in this activity. (Maximum 250 words). *Attach an example of the formative feedback provided to a learner about communication skills (this may be a written description if the feedback was provided verbally)* | Criterion 29

32. Describe the evaluation of observed technical or procedural skills used for learners in this activity. (Maximum 250 words). *Attach an example of the formative feedback provided to a learner about communication skills (this may be a written description if the feedback was provided verbally)* | Criterion 30

## RESEARCH AND SCHOLARSHIP

33. Describe the scholarly project completed relevant to CME and the dissemination method used (e.g. poster, abstract, manuscript). (Maximum 250 words) | Criterion 33

## COMMERCIAL INDEPENDENCE

Criterion 7, 8, 9, 10

## COMMERCIAL SUPPORT

Commercial Support, also known as educational grant funding, is a financial or in-kind contribution given by a commercial interest and used to pay all or part of the costs of a CME activity. All commercial support/educational grant funding for Hurley Medical Center CME certified activities must be submitted and received with the full knowledge and approval of Hurley Medical Center CME.

## NON-COMPLIANCE

In order for Hurley Medical Center to certify this activity, we will work in partnership with you to ensure that the ACCME policies and the Standards for Commercial Support of Continuing Medical Education have been fulfilled. CME certification and designation of *AMA PRA Category 1 Credit™* will be immediately withdrawn if the activity is found to be in violation of ACCME or MSMS guidelines, policies and procedures.

Describe how CME Activity was planned and implemented independent of the control of any ACCME-defined Commercial interest:

**PROMOTIONAL METHODS**

- CME Calendar
- Email
- Hurley Website
- Mailing
- Posting
- Fax Blast
- Other: \_\_\_\_\_

**SOURCES OF FUNDING**

- Exhibit (Amount \$ \_\_\_\_\_)
- Registration Fee: (Physician \$ \_\_\_\_\_/Non-Physician \$ \_\_\_\_\_)
- Originating Department’s Cost Center: \_\_\_\_\_
- Grant (Amount \$ \_\_\_\_\_)
- Restricted Funds (Amount \$ \_\_\_\_\_)

34. List commercial interest to which you plan to submit applications for educational grants and/or display fees and the amounts you are expecting:

Contact	Commercial Interest	Amount of funds you expect to receive

- 35. Will honoraria, in any form, be provided to planners, teachers, and/or authors?  
 Yes, please indicate amount \$                       No
- 36. Will reimbursement of expenses (i.e., travel: hotel, car rental, mileage, airfare, etc.) for planners, teachers, and/or authors be provided?  
 Yes, please indicate amount \$                       No
- 37. Are you planning/will you use a commercial interest to distribute your CME activities or provide electronic access to your activity?  
 Yes     No
- 38. Are you planning/will you organize commercial exhibits in association with this activity?  
 Yes     No
- 39. Are you planning/will you arrange for advertisements in association with this activity?  
 Yes     No
- 40. Does this activity promote proprietary interests of a commercial interest?  
 Yes     No

**PROGRAM AGENDA**

Agenda Begin/End Time	Topic	Speaker	Format

CME MISSION – CRITERION 1

**41. Enter your CME Mission Statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be a result of the program.**

Clinical Excellence. Service to People. This has always been Hurley Medical Center’s mission, and it is the foundation of the educational mission for the Institute for Continuing Medical Education.

The Hurley Medical Center Institute for Continuing Medical Education identifies educational needs of physicians and other health care providers of mid-Michigan, takes initiative to meet these needs through a variety of educational methods including scheduling regularly scheduled educational programs, seminars, outreach, and joint provider activities. The identification of educational needs are made through medical staff survey, review of current literature (general, specialty and sub-specialty), and advice and suggestions by healthcare regulatory bodies, as well as clinical research (allopathic and osteopathic).

The Continuing Medical Education program will foster a stimulating academic environment through various methods, including direct/live courses, internet CME, enduring materials and performance improvement methodologies. Each and all of these activities will seek to maintain and enhance high levels of knowledge, skills, and professional medical performance as measured by pre and post tests and analytical review, application of knowledge, change in behavior, practice and outcomes; stimulate and encourage new innovations thereby, ensuring the continuance of high quality care for the patient.

AGREEMENT TO REIMBURSE

Estimated Expenses	
Item	Amount
Catering	\$
Printing Flyer/Brochure	\$
Mailing List	\$
Room Rental	\$
AV Equipment Rental	\$
Honorarium	\$
Travel Expenses	\$
<b>TOTAL ESTIMATED EXPENSES</b>	<b>\$</b>

I agree to reimburse the above listed expenses, and any other future expenses, for:

CME Activity Title:	
Date	

If not funded in its entirety by reimbursement from the following sources listed below:

Reimbursement will come from the following source(s):

\_\_\_\_\_

CME Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Responsible Administrative Party Signature

\_\_\_\_\_

Date

## CANCELLATION POLICY

Together, the Medical Staff Education Committee (MSEC) Chair, Director of CME and/or DIO, and a designated MSEC member\*, reserve the right to cancel the activity based upon low attendance, determined one (1) week prior to the activity date. Low attendance is defined as 50% or less of the expected attendance listed on the CME application.

If the CME applicant and/or responsible party cancels the activity, a one (1) week notice, prior to the activity date, shall be given to the Hurley CME Department.

In the event the CMR activity is canceled, all costs incurred by the Hurley CME Department (up until the time of cancellation), will be paid by the CME applicant and/or responsible party.

### **Hurley Cost Center to be charged:**

Costs incurred by the Hurley CME Department may include, but not be limited to:

- Catering
- Printing/Mailing of Flyers and/or Brochures
- Mailing Lists
- Room Rental Deposit
- AV Equipment Rental (if needed)
- Honorarium
- Travel Expenses
- Any additional or unexpected expenses related to the activity as approved by the Medical Staff Education Committee

I acknowledge the terms of the CME Cancellation Policy.

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CME Applicant Signature

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Date

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Responsible Administrative Party Signature

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Date

*\*The designated MSEC member shall be chosen by the MSEC at the time of CME application approval process. The MSEC member shall not be the CME Applicant or Responsible Administrative Party.*



CATEGORY 1 CREDIT RECOMMENDATION

- Approved as initial planning tool subject to modifications worked out in planning sessions.
- Proposed CME activity does not meet the accreditation criteria of the MSMS and ACCME for the following reasons:

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- Proposed CME activity should be modified and resubmitted with updates.
- Proposed CME approval delayed pending receipt of additional information.
- Approved as submitted for \_\_\_\_\_ hours category 1 CME credit

Disapproved reason(s):

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\_\_\_\_\_  
Director, CME

\_\_\_\_\_  
Date

COMMENTS

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New:June2019(2)