



**CME APPLICATION AND PLANNING GUIDE FOR
PROVIDERSHIP OF A CME ACTIVITY**

ACTIVITY TITLE			
TOPIC TITLE			
START DATE		END DATE	
START TIME		END TIME	
LOCATION			
CITY, STATE			

DIRECT PROVIDER	Nicklaus Children's Hospital
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Activity Director		Coordinator	
Department		Department	
Telephone		Telephone	
Fax		Fax	
Email		Email	

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR ACCREDITATION

PLANNING INFORMATION

TYPE OF ACTIVITY	<input type="checkbox"/> Formal Activity (symposium, course, conference, workshop) <input type="checkbox"/> Regularly Scheduled Series (RSS) <input type="checkbox"/> Enduring Material	
	<input type="checkbox"/> NEW REQUEST	<input type="checkbox"/> RECURRING ACTIVITY
DESIRED CREDITS	<input type="text"/> # of AMA PRA Category I Credit Hours	

**NICKLAUS CHILDREN'S HOSPITAL
CONTINUING MEDICAL EDUCATION MISSION STATEMENT (CI)**

Purpose

Nicklaus Children's Hospital is committed to advancing the knowledge and to support the competency and physician performance in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice through educational support of its high-quality continuing medical education (CME) Program.

Target Audience

Nicklaus Children's Hospital CME activities are provided to pediatricians, House Staff physicians, pediatric subspecialists in medicine & surgery and pediatric researchers. Other physicians including family practitioners and other healthcare providers are encouraged to participate when appropriate. One or more of the CME activities is designed to attract and impart CME activities to national and international physicians.

Types of Activities Provided

MCHS offers a range of CME activities including the following:

- Nationally and internationally recognized course for pediatricians
- Subspecialty courses, e.g. Cardiology, Critical Care, Orthopedic Spine;
- Regularly scheduled conferences, e.g. Grand Rounds, Tumor Board, Radiology, Trauma Conference;
- Simulator training

Content

The CME Committee utilizes the ACGME/ABMS core competencies as a platform for content areas. The contents are developed based on analysis of several sources of needs and gaps. This includes: An annual needs assessment survey, survey of CME activities attendees, and a scan of the literature for hot topics and new practice guidelines and Policy Statements. Data is shared with the activity's Scientific Review Committee, Planning Committee, and/or the CME Committee. The contents of Nicklaus Children's CME activities includes, but not limited to, a) all aspects of patient care (diagnosis, management, and prevention) of children in the areas of primary and subspecialty pediatric problems, b) quality improvement, and c) medical ethics.

Expected Results

The expected result of the CME activities is to improve physician competence, performance and patient outcomes through integration of evidence-based CME content and quality improvement in practice.

Purpose and Mission of the Activity

Do you have a written **Purpose/Mission** of the proposed activity? Yes No
 (The mission of the activity must align with Nicklaus Children's CME Mission.
 Please attach the purpose/mission or aim of the activity.

PLANNING COMMITTEE

Attach a separate sheet if necessary. *Each individual on the committee must complete Nicklaus Children’s Hospital Disclosure form **PRIOR** to beginning the planning process. The forms **MUST** be part of this application. For RSS activities, all planning committee members must disclose at least once a year if there are no conflicts of interest.*

Was a planning committee used in the planning process?

YES NO

List below the individuals who are involved in planning this activity. This should at least include Activity Director and CME chair

Name (please print legibly)	Affiliation	Disclosure Forms are Attached
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Please use a separate sheet if required.

In the following sections, please answer the following questions. You may provide examples to illustrate your answer(s)

What is the problem we want to address? (And how are our learners involved?)

(Criteria Connection - C2:

*The provider incorporates into CME activities the educational needs (Knowledge, competence, or performance) that underlie the **professional practice gaps of their own learners**) – Professional Practice includes: Delivery of Care, Diagnosis, Decision Making, Teaching, Research, Administration, Leadership, Communication, etc...)*

Why does the problem exist?

(Criteria Connection - C2:

*The provider incorporates into CME activities the **educational needs** (Knowledge, competence, or performance) that underlie the professional practice gaps of their own learners)*

NEEDS ASSESSMENT REQUIRED BY THE ACCME (C2)

NEEDS ASSESSMENT SUMMARY STATEMENT

Needs assessment is the systematic process of gathering information and using it to determine instructional solutions to close the gap between actual and optimal knowledge.

Needs assessment data from multiple sources **MUST** be used to plan all CME activities. Supporting documentation **MUST** be included with the application.

Check all methods that apply and attach supporting documents where applicable

Expert Needs	Participant Needs	Observed Needs
<input type="checkbox"/> Planning Committee <input type="checkbox"/> National Benchmarks/ Guidelines <input type="checkbox"/> Local/ Regional/ National Healthcare Data (e.g. NIH or public health agencies) (attach documents when possible) <input type="checkbox"/> Research findings (e.g., attach relevant research reports or journal articles) <input type="checkbox"/> Literature reviews (e.g., attach journal articles, internet searches, medical data base search information, etc.) <input type="checkbox"/> Required by governmental authority/regulation/law <input type="checkbox"/> Surveys/ Opinion of Health Professionals <input type="checkbox"/> New medical technology (e.g., articles, reports, etc.)	<input type="checkbox"/> Evaluation from previous CME activities or survey results (e.g., attach past evaluation summary or survey results with relevant suggestions highlighted) <input type="checkbox"/> Needs assessment survey (attach the summary of the survey) <input type="checkbox"/> Institutional /Organizational data <input type="checkbox"/> Other requests from physicians and faculty members or physician groups (e.g., notes from conversations, survey results, etc).	<input type="checkbox"/> Medical Audits/Quality Assurance information (e.g., attach QA minutes/reports, input from Physician Review Organizations) <input type="checkbox"/> Clinical Data/Measures <input type="checkbox"/> Request from hospital committees (attach minutes or letters from the committee) <input type="checkbox"/> Other clinical observance <input type="checkbox"/> Epidemiological data <input type="checkbox"/> National clinical guidelines (NIH, AHRQ etc.) <input type="checkbox"/> Specialty society guidelines <input type="checkbox"/> Database analyses (e.g. change in diagnosis trend etc) <input type="checkbox"/> Hospital-wide implementation of innovative methods and technology <input type="checkbox"/> Newspapers and/or local media <input type="checkbox"/> Patients <input type="checkbox"/> Other, please explain:
	<i>Environment</i>	
	<input type="checkbox"/> ABMS/ACGME Competencies <input type="checkbox"/> Institute of Medicine Competencies <input type="checkbox"/> Other societal trends (Media, etc..)	

What do we want to change? And how?

(Criteria Connection – C3:

The provider generates activities/ educational interventions that are **designed to change Competence, Performance, or Patient Outcomes** as described in its mission statement)

What is the connection to current practice?

(Criteria Connection – C4:

The provider generates activities/ educational interventions around content that matches the learner's current or potential **scope of professional activities**)

TARGET AUDIENCE

Check all that apply.

The primary group of physicians for this educational activity will be designed and directed to will be:

- | | |
|---|--|
| <input type="checkbox"/> Primary Care Physicians | <input type="checkbox"/> Residents/Fellows/ Trainees/ Students |
| <input type="checkbox"/> Sub-specialty Physicians | <input type="checkbox"/> Researchers |
| <input type="checkbox"/> Other (specify): | |

Do the contents of activity match learners' current/potential scope of practice (C4)? Yes; No

What educational approaches will produce this change?

(Criteria Connection – C5:

The provider chooses **educational formats** for activities/ interventions that are appropriate for the setting, objectives, and desired results of the activity)

<p>DELIVERY METHODS (Formats; Check all that apply) [C5]</p>	<p><input type="checkbox"/> Live Lecture with Q/A session; <input type="checkbox"/> ARS; <input type="checkbox"/> Case-based discussions; <input type="checkbox"/> Simulation; <input type="checkbox"/> Interactive Workshop; <input type="checkbox"/> Small Group Discussions; <input type="checkbox"/> Video presentation; <input type="checkbox"/> Panel Discussion; <input type="checkbox"/> Journal; <input type="checkbox"/> Other: _____</p>
<p>PURPOSE All activities must demonstrate an impact on physician competence, physician performance, or patient outcomes.</p>	<p>Which of the following desirable physician attributes the activity is going to address? Check all that apply (C6): <u>ACGME Competencies:</u> <input type="checkbox"/> Patient care; <input type="checkbox"/> Medical/Clinical Knowledge; <input type="checkbox"/> Professionalism; <input type="checkbox"/> Practice-Based Learning and Improvement; <input type="checkbox"/> Interpersonal and Communication skills; <input type="checkbox"/> System-Based Practice</p> <p><u>IOM Competencies:</u> <input type="checkbox"/> Provide Patient-centered care; <input type="checkbox"/> Work in Interdisciplinary Teams; <input type="checkbox"/> Employ Evidence-Based Practice; <input type="checkbox"/> Apply Quality Improvement; <input type="checkbox"/> Utilize Informatics</p> <p>The activity is designed to Change (C3 and C11): <input type="checkbox"/> Physician Competence; <input type="checkbox"/> Physician Performance; <input type="checkbox"/> Patient outcomes</p>

Were we effective in producing change? – How will we know?

(Criteria Connection – C11:

The provider **analyzes change in learners** (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/ educational interventions)

<p>OUTCOMES What measurement tool do you intend to use?</p>	<p>What measurement tool do you intend to use? <input type="checkbox"/> Written Evaluation Tool <input type="checkbox"/> Self-Assessment/ Self-Reflection <input type="checkbox"/> Audience Response <input type="checkbox"/> Pre- and/or Post-Test <input type="checkbox"/> QA/ QI Data <input type="checkbox"/> Post-Activity Survey <input type="checkbox"/> Other – Please explain: _____</p> <hr/>
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**LEARNING OBJECTIVES
REQUIRED BY THE
ACCME**

The audience must be provided information about the activity's goals and/or objectives before activity occurs.

What knowledge or skills should the Physician learner be able to apply to his/her practice as a result of this activity? Learning Objectives should aim to change physician competence, performance or patient outcomes and they must be simple, measurable, actionable and relate to the specific needs of this educational activity.

Based on what you hope to accomplish, list three or four things that you would like for the physicians participants to be able to do as a result of their participation in this activity. Attach a separate page if necessary.

Terminology for educational objectives usually begins with "**Following this activity, the participant should be able to . . .**", followed by phrases that communicate a **performance capability** by the participant, verbs such as: describe, analyze, discuss, compare, differentiate, examine, formulate, propose, evaluate, assess, measure, select, and choose. If additional space is required, please submit educational objectives as an attachment.

Following this activity, the participants should be able to:

1. _____
2. _____
3. _____
4. _____

ACCME Standards for Commercial Support (C7-C10)

It is the policy of the Nicklaus Children's Hospital to ensure balance, independence, objectivity, and scientific rigor in all directly or jointly provided educational activities. All individuals who are in a position to control the content of the educational activity are required to disclose all relevant financial relationships he/she has with any commercial interest(s). These individuals include coordinators, planning committee members, staff, instructors, etc. The ACCME defines relevant financial relationships as those in any amount occurring within the past 12 months that create a conflict of interest. **Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation, or evaluation of the CME activity.**

Please attest that the coordinator, planning committee members and speakers have been informed of the Disclosure Policy and have agreed to comply with this policy. _____ (Course Director please initial)

The "Disclosure Statement of Financial Relationships" (disclosure form) is the mechanism set-up by the NICKLAUS CHILDREN'S HOSPITAL to initially collect information to identify and use to begin resolution of potential conflicts of interest (COI). This form **must** be completed by **EVERYONE** who has the opportunity to influence the content of the CME activity, including the coordinator, planning committee members, speakers, authors, moderators, etc. Individuals who refuse to disclose **WILL NOT** be allowed to participate in the CME activity.

Final approval will not be granted until all disclosure documentation is received.

Disclosure forms are attached. If not, please explain.

Conflicts of Interest (COI) must be resolved **BEFORE** the activity occurs, preferably during the early planning stages.

If COIs were identified, please use the attached "Resolution of Conflict of Interest Form" to resolve the conflict and submit documentation to the CME office.

Please attest that you have been informed and have agreed to comply with this policy.

_____ (Course Director please initial)

How will the audience be informed about disclosures?

Written: Handouts Slides Evaluation form.

• A copy must be included with the Activity Closing Checklist.

Verbal: Speaker Moderator Other, please describe.

Will this activity receive **support** from

Educational grants? Yes No, if yes

Exhibit fees? Yes No, if yes

If the activity is supported by a commercial interest:

- 1) A Letter of Agreement for Commercial Support (LOA) must be signed by both the company's representative and the CME provider's representative for all commercial educational grants.
- 2) The original LOAs or copies must be sent with the Activity's closing report at the conclusion of the activity.
- 3) The activity director must review Nicklaus Children's Hospital Standards for Commercial Support Policy.

Acknowledgements - Commercial support must be acknowledged to the audience. Nicklaus Children's Hospital has two mechanisms in place to acknowledge commercial support

- 1) in the printed course materials, a disclosure slide is used to relay any support information to the audience and
- 2) prior to the start of any activity, the coordinator or moderator verbally acknowledges all commercial supporters.

The Course Director and a representative from Nicklaus Children's Hospital have read the ACCME's Standards for Commercial Support of CME and understand the guidelines for management of commercial funds.

Yes; No; Not applicable (no commercial support for the activity)

Participants should have the opportunity to 1) assess the extent that the objectives were met; 2) rate the quality of instruction; 3) confirm professional effectiveness will be enhanced; 4) confirm that disclosures were made; and 5) confirmed that the course content was impartial and unbiased.

What method will be used to assess what the participants have learned as a result of attending this educational activity?

Course evaluation immediately following the activity.

Other type of evaluation form (attach a copy).

Other (attach a copy) And, describe _____

Please submit your proposed evaluation mechanism with this application for pre-approval.

List the CME activity faculty (name, title, and affiliation). Attach a separate page, if necessary.

Speaker name	Academic title or profession	Institution or Affiliation	Bio Attached	Disclosures Attached
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ACTIVITY AGENDA

Attach a copy of the proposed schedule with time/topic/speaker/breaks and registration times included. Check if the schedule is attached. If not, please explain.

<p>MARKETING AND ADVERTISING</p> <p>The ACCME requires that certain information be included on promotional materials - the objectives, faculty, correct sponsorship, and accreditation statements. Nicklaus Children's Hospital CME Office must approve promotional materials before they are published.</p>	<p><i>How will notification of this educational activity be distributed to the participants prior to the activity?</i></p> <p><input type="checkbox"/> Brochure/Flyer</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Website: URL site: _____</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Journal (Title) _____</p> <p><input type="checkbox"/> Other, identify: _____</p> <p><input type="checkbox"/> A copy of the proposed promotional material is attached.</p> <p>If not, explain</p>
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<p>BUDGET</p>	<p>What funds will be used to pay expenses for this activity?</p> <p>_____</p> <p>_____</p> <p>Account # _____</p> <p><input type="checkbox"/> Internal department funds</p> <p><input type="checkbox"/> Participant registration fees</p> <p><input type="checkbox"/> Commercial Support</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other, identify: _____</p>
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<p>BUDGET WORKSHEET</p> <p>Refer to the "Estimated Budget Worksheet".</p>	<p>Complete and attach a preliminary budget worksheet or a budget summary (rough estimates are acceptable.) Include all projected revenue and expenses. A final income and expense report is required to finalize the CME accreditation file at the conclusion of the activity.</p>
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Activity Director: _____ (Name) _____ (Signature) _____ (Date)

<p>For CME Office Use Only</p> <p><input type="checkbox"/> Received: _____ (Date)</p> <p><input type="checkbox"/> Discussed in CME Committee _____ (Date)</p> <p>Decision:</p> <p><input type="checkbox"/> Approved as is</p> <p><input type="checkbox"/> Approved with Modifications/ Clarifications (See Comments)</p> <p><input type="checkbox"/> Denied</p> <p>Notification:</p> <p><input type="checkbox"/> Course Director Notified: _____ (Date)</p>
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<p>Please submit the <u>completed</u> application to:</p> <p>Nicklaus Children's Hospital Department of Medical Education 3100 SW 62nd Avenue Miami, FL 33155 Phone 305-666-6511 Fax 305-669-6531 Email: cme@Nicklaushealth.org</p>
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<p>Dir. of Med. Education/ CME Committee Chair:</p> <p>Rani S Gereige, MD, MPH _____ (Signature)</p> <p>_____ (Date)</p>
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<p>Comments:</p>
