

CME Application

Please return the completed form to: Todd Lane, MAT, MLS Chief of Library & Multimedia Services, Co-Chair of the CME Committee. todd.lane@bpthosp.org

A. All CME Activities MUST have identified a professional practice gap, the underlying educational needs of that gap and the objectives seeking to change learner competence, performance and/or patient outcomes.
Describe the professional practice gap(s) that this activity will address: (the difference between current practice and optimal practice that we wish to address with education)

B. Structure of Activity	
Does this activity's content match the target audience's current or potential scope of practice	<input type="checkbox"/> Yes <input type="checkbox"/> No
Format of the Activity (Check all that apply)	<input type="checkbox"/> Didactic Lecture <input type="checkbox"/> Case Presentations <input type="checkbox"/> Small Group Discussion <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Q&A Session <input type="checkbox"/> Other: _____
Please explain how the choice of this format will support the objective(s) and how this format will aide in achieving the desired result(s) (i.e., change in knowledge, competence, patient outcome or performance)	

C. Needs Assessment: What educational needs underlie this professional practice gap?	<input type="checkbox"/> Quality Improvement or Performance Improvement Data	<input type="checkbox"/> National Quality Measures
	<input type="checkbox"/> National Clinical Guidelines (NIH, AHRQ, etc)	<input type="checkbox"/> Evidence-Based medicine reviews
	<input type="checkbox"/> Expertise of committee members or other physicians (document who and what recommendations or suggestions were made)	<input type="checkbox"/> Specialty society recommendations (e.g. American College of Cardiology, ASCO, etc)
	<input type="checkbox"/> Peer-reviewed literature	<input type="checkbox"/> New procedures or treatment regimens
	<input type="checkbox"/> Chart reviews/Patient care audits	<input type="checkbox"/> Hospital-based reports
	<input type="checkbox"/> Peer Review, M&M findings	<input type="checkbox"/> Evaluations of previous CME programs
	<input type="checkbox"/> Surveys of Target Audience	<input type="checkbox"/> Joint Commission Patient Safety Goal/Competency
	Substantiating documentation and/or relevant data <u>must be attached</u> to this application	

D. Educational Linkage: Identify the link between the educational needs and learning objectives expressed in terms of knowledge or competence or patient outcomes or performance. (Use additional pages as needed)		
Identified Needs After analyzing the Needs Assessment Data, list the identified educational need of your target audience developed from the identified professional practice gap.	Type of Need Is this need based on physician competence or skills (C) patient outcomes (O) or performance (P)?	Learning Objectives List a learning objective(s) for each need identified or what outcomes learners can expect to achieve through their participation in the activity related to each need. These should be expressed in terms of competence, patient outcomes or performance goals. One good learning objective is enough. A statement of purpose is acceptable.
	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P	Learners will be able to (action word/verb):
	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P	
	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P	
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	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P	

ACGME/ABMS Competencies
<input type="checkbox"/> Patient Care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. <input type="checkbox"/> Medical Knowledge about establishing and evolving biomedical, clinical and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care. <input type="checkbox"/> Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence and improvements in patient care. <input type="checkbox"/> Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and other health professionals. <input type="checkbox"/> Professionalism , as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. <input type="checkbox"/> Systems-based practice , as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

E. What evidence-based medicine (EBM) resources have been utilized to help develop content and practice recommendations relating to the content and objectives?
Cite references:

F. Speaker and Department Disclosures: <i>Disclosure must be made in writing to the learners prior to the beginning of the activity.</i> Disclosure to the learner must include the name of the individual, the name of the commercial interest and the nature of the relationship with each commercial interest. Disclosure to the learner is managed through EEDs and must also be made if a speaker/department reports nothing to disclose.
<input type="checkbox"/> REQUIRED: Speaker and planner disclosures are included on brochure or flyer <input type="checkbox"/> REQUIRED: Speaker and planner disclosures are included on disclosure the evaluation form

G. Honoraria		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;">Will the presenter(s) /speaker(s) receive honoraria?</td> <td style="border: none; padding: 5px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes: In what amount? _ What is the source of funding for the honoraria? </td> </tr> </table>	Will the presenter(s) /speaker(s) receive honoraria?	<input type="checkbox"/> No <input type="checkbox"/> Yes: In what amount? _ What is the source of funding for the honoraria?
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H. Commercial Support (This section does not apply to exhibitors): Will this program receive commercial support of any kind (including goods and/or food)?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please use the area below to provide details about the commercial interests that will be asked to provide support (attach additional pages if needed)	
Commercial Interest	Amount or Type Requested	Written Letter of Agreement
		<input type="checkbox"/> Attached <input type="checkbox"/> Pending Final Signature*
		<input type="checkbox"/> Attached <input type="checkbox"/> Pending Final Signature*
		<input type="checkbox"/> Attached <input type="checkbox"/> Pending Final Signature*
Written Letters of Agreement (WLOA) between each commercial interest and Bridgeport Hospital must be signed by both parties prior to the beginning of an activity. *An application may be submitted while WLOA is pending final signatures, but <i>the program will not be eligible for full approval of credit until fully executed (signed) WLOAs for all commercial support have been submitted to the CME office.</i>		
Will this activity include exhibits or advertising?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

I. Commercial Support Disclosures: <i>Disclosure of Commercial Support must be made in writing to the learners prior to the beginning of the activity.</i> Disclosure to the learner must include the name of the commercial interest and the type of commercial support provided. Disclosure to the learner must also be made if an activity has received no commercial support.
<input type="checkbox"/> REQUIRED: Commercial Support disclosure is included on brochure or flyer (please attach) <input type="checkbox"/> REQUIRED: Commercial support disclosure is included on disclosure side of the evaluation form (please attach)

J. Activity Advertisement

Will this activity advertise outside Connecticut?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>The following accreditation and designation statement MUST be used (verbatim) on any activity announcements or advertisements for CME: Accreditation Statement for CME: The Bridgeport Hospital is accredited by the Connecticut State Medical Society to provide continuing medical education (CME) for physicians. Designation Statement: The Bridgeport Hospital designates this live activity for a maximum of [insert # of credits] <i>AMA PRA Category 1 Credit(s)</i>[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.</p>	
Please indicate which documents you will use for advertising/promoting this CME activity.	<input type="checkbox"/> Brochure <input type="checkbox"/> Flyer <input type="checkbox"/> Certificate <input type="checkbox"/> Email <input type="checkbox"/>
†Attached is a copy of each document that will be used for advertising ~ the documents must all have the proper accreditation and designation statement.	
K. Activity Evaluation	
How will changes in learner’s competence, Patient outcomes or performance be measured? How will this information be used?	<input type="checkbox"/> Self-Report <input type="checkbox"/> Dashboard Metrics <input type="checkbox"/> Observations <input type="checkbox"/> Other
<i>Please explain</i>	
†If not using EEDs, please attached is the CME Evaluation form with all disclosures.	

<p>As primary planner, I attest that the needs assessment, planning and development of content for this CME activity has been completed independent of any commercial interests.</p> <p>†As Planner, I acknowledge that I have received and agree to abide by the policies included with this application.</p>
<p>SIGNATURE OF PLANNER: _____ DATE: _____</p>

ATTACHMENTS: Please attach the following applicable documents	
<input type="checkbox"/> Planner Financial Disclosure Form	<input type="checkbox"/> Resolution of Conflict of Interest Form
<input type="checkbox"/> Event Coordinator Financial Disclosure Form	<input type="checkbox"/> Need Assessment documentation
<input type="checkbox"/> Any other individuals involved in planning Financial Disclosure Form(s)	<input type="checkbox"/> Brochures/Flyers/Emails/Advertisements (Drafts)
<input type="checkbox"/> Letter to Speaker	<input type="checkbox"/> Written Letters of Agreement for all commercial support
<input type="checkbox"/> Speaker/Presenter Financial Disclosure Form(s)	

<p>AFTER-EVENT REPORTING: If your activity is approved for CME credit, your program is required to submit an after-event report within 30 days after the completion of the event. You will receive details of what is required in these reports once you are notified that your program has been approved for credits by the CME Committee.</p>
