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| **GENERAL INFORMATION: To be completed by the Medical Director/Coordinator planning the activity** | | | | | | | | | | | | | | | | | | | | | | | |
| MCj04348050000[1] | Anyone refusing to complete a Conflict of Interest Disclosure **cannot** participate in the planning, execution or presentation of any CME educational activity. Florida Hospital retains the right to withhold or adjust credit at any time, should it determine that the ACCME/FMA criteria, policies, ACCME Standards for Commercial Support and/or Florida Hospital policies and procedures are violated. | | | | | | | | | | | | | | | | | | | | | | |
| **Activity / Event Title:** |  | | | | | | | | | | | | | | | | | | | | | | |
| Requesting Hospital: Department: | Choose an item If Other:       Department: | | | | | | | | | | | | | | | | | | | | | | |
| Activity Type:  (C5) | Choose an item  If Joint Providership, Name of Requesting Society: | | | | | | | | | | | | | | | | | | | | | | |
| Activity Format: | Choose an item If Other type not listed, please specify: | | | | | | | | | | | | | | | | | | | | | | |
| **Activity Date(s) and Time:** | Click or tap to enter a date  If multiple dates, list here: | | | | | | | | | | | | | | | | | | Time: | | | | |
| Recurring Activities: | If recurring, how often? Weekly, Monthly, 1st Tuesday monthly, etc. | | | | | | | | | | | | | | | | | | | | | | |
| Agenda must be submitted before Approval | | | | | Number of CME Credit Hours Requested: | | | | | | | | | | | | | | | Maximum # of Attendees: | | | |
| Do You Want This Published on the CME Calendar?  Yes  No In CE Broker?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
| Activity Location: Conference Room or Address |  | | | | | | | | | | | | | | | | | | | | | | |
| *All mail-outs - banners, flyers and/or brochures, etc. – must be approved by the CME Department to ensure the proper accreditation statement is used before mailing or marketing any activities.* | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have marketing material (flyer/brochure/mailers) you will send out?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
| Would you like to utilize the Audience Response System? | | | | | | | Yes  No | | | | | | | If yes, for how many speakers? | | | | | | | |  | |
| Hotel Information for Website |  | | | | | | | | | | | | | | | | | | | | | | |
| *Information entered below will display on the Florida Hospital website under the Registration tab. This information typically includes dates, fees, cancellation/refund policies and other information you feel is needed.* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate if there is a Charge to Attend: | Physician  PA / ARNP  Nurse | | | | | | | | | Clinician  Research | | | | | | | Executive  Trainee | | | | | | Staff  Other |
| Activity Description: |  | | | | | | | | | | | | | | | | | | | | | | |
| **GAP ANALYSIS: To be completed by the Activity or Medical Director**  Identify what the practice-based problem is you want to address and how learners are involved? Why does the problem exist? What do you want to change? (C2, 4, 11) | | | | | | | | | | | | | | | | | | | | | | | |
| State the professional practice gap(s) of your learners on which the activity was based: (C2, 4, 11) | | | | | |  | | | | | | | | | | | | | | | | | |
| State the educational need(s) that you determined to be the cause of the professional practice gap: (C2, C3) | | | | | | **Competence** and/or  will be evaluated | | | | | | |  | | | | | | | | | | |
|  | | | | | | **Performance** and/or  will be evaluated | | | | | | |  | | | | | | | | | | |
|  | | | | | | **Patient** **Outcomes**  will be evaluated | | | | | | |  | | | | | | | | | | |
| State what this CME activity was designed to change in terms of learners’ competence or performance or patient outcomes: (C3) | | | | | | | |  | | | | | | | | | | | | | | | |
| New methods of diagnosis / treatment  New technology  New information from medical literature  Public health data | | | | | | | | | Hospital or clinical protocols  Physician survey results  Hospital QI or clinical project  Recent untoward clinical event | | | | | | | | | Required state licensing board/specialty societies  Requests from physicians’ / physicians’ groups  Authoritative guidelines or standards of care  Other: | | | | | |
| Activity or Medical Director(s) | Name | | |  | | | | | | | | | | | | Employer: | | | | | | | |
|  | Title | | |  | | | | | | | | | | | | Dept: | | | | | | | |
|  | Phone | | |  | | | | | | | | | | | | Email: | | | | | | | |
|  | Name | | |  | | | | | | | | | | | | Employer: | | | | | | | |
|  | Title | | |  | | | | | | | | | | | | Dept: | | | | | | | |
|  | Phone | | |  | | | | | | | | | | | | Email: | | | | | | | |
| Activity/Admin Coordinator | Name | | |  | | | | | | | | | | | | Department: | | | | | | | |
|  | Title | | |  | | | | | | | | | | | | Email: | | | | | | | |
|  | Phone | | |  | | | | | | | | | | | |  | | | | | | | |
| Other Planners: (Those who can suggest or control content of this activity. Add separate sheet if needed.) | Name | | |  | | | | | | | | | | | | Department: | | | | | | | |
|  | Phone | | |  | | | | | | | | | | | | Email: | | | | | | | |
|  | Name | | |  | | | | | | | | | | | | Department: | | | | | | | |
|  | Phone | | |  | | | | | | | | | | | | Email: | | | | | | | |
| Target Audience:  Check all that apply | All  Primary Care Physicians  Residents / Med Students | | | | | | | | | | | Specialty Physicians  Pharmacists  Mid-level (ARNP, PA)  Other: | | | | | | | | | | | |
| Target Specialties:  Check all that apply | All  Cardiology  Emergency  Family Med | | | | | | | | | | Hem/Onc  Internal Med  OB/GYN  Orthopedics | | | | | | | | | | Pediatrics  Surg/Plastic/Oral  Urology  Gastroenterology | | |
|  | Other | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **EDUCATIONAL OBJECTIVES** (Example: do not start Objectives with *Understand*, understanding cannot be measured.)  **Criteria 11:** Speakers must provide presentation specific Objectives and Evaluation questions, identified by the Gap, to meet the needs of the audience that can be measured. | | | Is analysis done, or data collected, to measure changes in competence, performance or patient outcomes?  Yes  No Email FH.Clinical.Analytics@flhosp.org to determine measurable objectives and get the starting baseline. | | |  | Competence  Performance  Patient Outcomes | |  | Competence  Performance  Patient Outcomes | |  | Competence  Performance  Patient Outcomes | |  | Competence  Performance  Patient Outcomes | |  | Competence  Performance  Patient Outcomes | | | | | | | | | | | | | | | | | | | | | | | | |
| **Criteria 5:** This educational format is appropriate for the setting, objectives and desired results of this activity? | | | | | | | | | | | | | | | | | | | | | | | |
| Briefly explain why this format is the best way to present the information: |  | | | | | | | | | | | | | | | | | | | | | | |
| **Criteria 6:** This activity must be developed with attributes from the ACGME/ABMS, Institute of Medicine, and/or Interprofessional Education Collaborative. Select all that apply. | | | | | | | | | | | | | | | | | | | | | | | |
| **ABMS/ACGME:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Patient Care and Procedural Skills**  **Medical Knowledge**  **Practice-Based Learning and Improvement** | | | | | | | | | | | | | | | | **Interpersonal and Communication Skills**  **Professionalism**  **Systems-Based Practice** | | | | | | | |
| **INSTITUTE of MEDICINE:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Provide Patient Centered Care**  **Work in Interdisciplinary Teams**  **Employ Evidence-Based Practice** | | | | | | | | | | | | | | | | **Apply Quality Improvement**  **Utilize Informatics** | | | | | | | |
| **INTER-PROFESSIONAL EDUCATION COLLABORATIVE:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Values/Ethics for Inter-Professional Practice**  **Roles / Responsibilities** | | | | | | | | | | | | | | | | **Inter-Professional Communication**  **Teams and Teamwork** | | | | | | | |
| **Criteria 7, 8, 9, 10: This activity was developed independent of commercial interests** (SCS 1, 2 and 6)  ACCME definition of a Commercial Interest: *Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients.* (C8, SCS 3.4 thru 3.6)  ACCME definition of a Non-Commercial Exhibitor: *Providers of clinical services direct to patients, such as hospitals, health systems, medical group practices, blood banks, and diagnostic laboratories, are an integral component of accredited CME because they represent the provision of CME by the profession for the profession*  **Use the Florida Hospital CME Program Accounting Form to list *all* commercial support and exhibitors/displays.** | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | In-house Funding | Approximate Budget?       Food provided by FH Catering by Enter Department Name | | Are you seeking:  List Support & Amounts,  Display Vendors & Amounts on the CME Accounting Form | Commercial Support:  Yes  No From more than 1 source:  Yes  No  Display Vendors:  Yes  No From more than 1 source:  Yes  No | | How was this activity planned? | This CME activity is based on results of process improvement activities (highly encouraged)  How was the topic and speaker(s) chosen? | |  | Were any employees of a commercial interest (e.g. pharmaceutical company and/or medical device manufacturer) involved with the identification of speakers and/or topics?  Yes  No If YES, explain: | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | **Criteria 8:** Procedures Governing Honoraria and Reimbursement of Expenses | | | | | | | | | | | | | | | | | | | | | | | | |
| List all Speaker(s):  Bios and Conflict of Interest Disclosures are needed before Speakers are CME approved.  Speakers refusing to complete a COI will not be included in total CME for the activity. | Name:  Affiliation:  Email Address:        Assistant: | | | | | | | | | | | | | | | Phone:  Honorarium Amount:  Other Expenses:  Assistant Phone: | | | | | | | |
|  | Name:  Affiliation:  Email Address:  Assistant: | | | | | | | | | | | | | | | Phone:  Honorarium Amount:  Other Expenses:  Assistant Phone: | | | | | | | |
|  | Name:  Affiliation:  Email Address:  Assistant: | | | | | | | | | | | | | | | Phone:  Honorarium Amount:  Other Expenses:  Assistant Phone: | | | | | | | |
| Speaker Forms: *Select all forms to be sent* | | Video/Audio/Photography Release Form  Presentation Release  Tabletop Display Contract  Other | | | | | | | | | | | | | Travel Profiles  Speaker AV Requirements  Hotel Housing Form | | | | | | | | |
| What Barriers might exist?  *Check all that apply (C18, 19)* | | Lack of time to assess/counsel patients  Lack of administrative support/resources  Insurance/reimbursement issues  Other | | | | | | | | | | | | | Lack of consensus on guidelines  Difficult to change behavior  No apparent system barriers | | | | | | | | |
|  | | Will any of these barriers be addressed in this activity?  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| What strategies could be used to remove these barriers? | | |  | | | | | | | | | | | | | | | | | | | | |
| **Evaluation Questions:**  Provide at least two (2) quantifiable questions specific to your presentation that you want your audience to learn. | | | | | | | | | | | | | | | **Answers**:  Can be Likert Scaled (Strongly Agree to Strongly Disagree), Multiple Choice or True/False. Designate answers by (correct). | | | | | | | | |
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| **Promote Team Based Education –** Select all that apply, if any |
| **C23:** Members of Interprofessional teams are engaged in the planning and deliver of Interprofessional continuing education. Includes planners from more than one profession (representative of the target audience) AND Includes faculty from more than one profession AND Activities are designed to change competence and/or performance of the healthcare team. |
| **C24**: Patient/public representatives are engaged in the planning and deliver of CME.  Includes planners who are patients and/or public representatives AND faculty who are patients and/or public representatives. |
| **C25**: Students of the health professions are engaged in the planning and delivery of CME.  Includes planners who are students of the health professions AND faculty who are students of the health professions. |
| **Addresses Public Health Priorities** – Select all that apply, if any |
| **C26**: This activity advances the use of health and practice data for healthcare improvement. Teaches about collection, analysis, or synthesis of health/practice data AND uses health/practice data to teach about healthcare improvement. |
| **C27**: This activity addresses factors beyond clinical care that affect the health of populations.  Teaches strategies that learners can use to achieve improvements in population health. |
| **C28**: This activity collaborates with other organizations to more effectively address population health issues.  Creates or continues collaborations with one or more healthcare or community organizations AND demonstrates the collaborations augment the provider’s ability to address population health issues. |
| **Enhances Skills** – Select all that apply, if any |
| **C29**: This activity designs CME to optimize communication skills of learners.  Provides CME to improve communication skills AND includes an evaluation of observed (e.g., in person or video) communication skills AND provides formative feedback to the learner about communication skills. |
| **C30**: This activity designs CME to optimize technical and procedural skills of learners.  Provides CME addressing technical and/or procedural skills AND includes an evaluation of observed (e.g., in person or video) technical or procedural skill AND provides formative feedback to the learner about technical or procedural skill. |
| **C31**: This activity creates individualized learning plans for learners.  Tracks the learner’s repeated engagement with a longitudinal curriculum/plan over weeks or months AND individualized feedback to the learner to close practice gaps. |
| **C32**: This activity utilizes support strategies to enhance change as an adjunct to its CME. Utilizes support strategies to enhance change as an adjunct to CME activities AND conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements. |
| **Demonstrates Educational Leadership** – Select all that apply, if any |
| **C33**: This activity engages in CME research and scholarship.  Conducts scholarly pursuit relevant to CME AND submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum. |
| **C34**: This activity supports the continuous professional development of its CME team.  Creates a CME related continuous professional development plan for all members of its CME team AND the learning plan is based on needs assessment of the team AND includes some activities external to the provider AND dedicates time and resources for the CME team to engage in the plan. |
| **C35**: This activity demonstrates creativity and innovation in the evolution of its CME program.  Implements an innovation that is new for the CME program AND contributes to the provider’s ability to meet its mission. |
| **Achieves Outcomes** – Select all that apply, if any |
| **C36**: This activity demonstrates improvement in the performance of learners.  Measures performance changes of learners AND demonstrates improvements in the performance of learners. |
| **C37**: This activity demonstrates healthcare quality improvement.  Collaborates in the process of healthcare quality improvement AND demonstrates improvement in healthcare quality. |
| **C38**: This activity demonstrates the impact of the CME program on patients or their communities.  Collaborates in the process of improving patient or community health AND demonstrates improvement in patient or community outcomes. |

END OF APPLICATION

This is your worksheet and does not need to be returned to the CME Department.

***Before Sending the CME Application***

Use this as a guide for submitting your application. ACCME criteria and policies are referenced on each designated form.

***Required Documents for Pre-Approval***

* Completed CME Application for all activities must be received by CME Department as follows:
  + Multiday, multiple speakers no less than 90 days prior to the event
  + Without Commercial Support no less than 30 days prior to the event
  + With Commercial Support no less than 45 days prior to the event

***Program Agenda, Brochure or Flyer***

* All mail-outs or advertising done to market the activity must be approved thru the CME Department first.

***Most forms are Completed Electronically (paper copies are no longer accepted) – Designate Needed Forms***

Conflict of Interest Disclosures

Speaker Bios -- used to verify speaker credentials and expertise (No CV’s please)

Travel Profiles

Presentation Releases

AV Requirements

Hotel Housing (detailing speaker needs)

Speakers upload their presentations electronically themselves

***Presentation Content: “Sources for Needs Assessment”, Speaker Slides/Notes, References, Bibliography, Guidelines, Surveys, etc.***

* Used to verify program content and “best practices.” Attaching full articles not required, but attaching may speed up the approval process if references need to be reviewed for approval.

***Proposed Activity Budget and Grant Agreements***

* If partially or completely, internally or externally funded

***Attendance During the Event – Evaluations After the Event***

***Attendance and Evaluation Forms***

* All participants attending the conference must TEXT the event code to verify attendance
* Evaluations *must be completed* to receive a certificate of participation and for physicians to receive CME credit at CE Broker

***All Expenses must be Disclosed on Accounting Form – expenses include, but are not limited to, the following***

* Registration fees charged to attendees
* Venue charges (if held at an outside location and you are charged for the room)
* Food and beverages
* AV equipment rentals
* Speakers expenses and honorariums
* Any marketing, mailing, postage, etc. that is paid for
* Basically, anything the department requesting the CME approval for must be disclosed on the Accounting form