

Please fill out the following questions

(205) 838-3225 FAX: (205) 838-3518

Thank you in advance for taking time to aid us in the paperwork that is required to keep our accreditation

ACTIVITY INFORMATION		
Activity Title:		Sponsorship Type: <input type="checkbox"/> Direct <input type="checkbox"/> Joint
Speaker(s):		Credit: <input type="checkbox"/> CME <input type="checkbox"/> CPE <input type="checkbox"/> CE
Date(s):	Time(s):	Activity Type (check one): <input type="checkbox"/> Course <input type="checkbox"/> RSS <input type="checkbox"/> Enduring

- 1) What is the Target Audience for this activity? Continuing Professional Education activities are designed and directed to serve the clinical and professional performance of practicing professionals.
- ☐ Multidisciplinary ☐ Physicians ☐ Physician Assistants ☐ Nurse Practitioners ☐ Nurses
☐ Pharmacists ☐ Pharmacy Techs ☐ Allied Health Professionals ☐ Other (specify):

- 2) **QUALITY /PROFESSIONAL PRACTICE GAP(S):** In order to demonstrate the need for this activity, you must identify at least one professional practice gap that exists for your target audience. A professional practice gap is the difference between the current practice and the optimal practice. A professional practice gap is identified by stating how your target audience's professional practice is less than optimal in terms of knowledge, competence, performance, and/or patient outcomes.

Why is this activity necessary? What is the knowledge deficit or the "problem" that underlies or constitutes the educational gap? Why does it exist? Identify the difference between current practice and ideal practice. [C2,7] State practice/performance/quality gap:

State practice/performance/quality gap:

Why does it exist?

NON-EDUCATIONAL STRATEGIES: Are you currently aware of any non-educational strategies being used to close the identified gap? (e.g., patient reminders, order sets, computer decision support systems, guidelines, etc) If not, what kind of non-educational strategies could be created or used?

PROFESSIONAL PRACTICE GAPS: What best describes the professional practice gap(s) you have identified: THE GAP EXISTS IN...(Check all that apply) [C2,3]

- ☐ **Physician Knowledge** (awareness and understanding)
☐ **Competence** (ability to apply knowledge, skills, judgement and/or strategy)
☐ **Performance** (what is actually being done in professional practice)

- 3) What data source(s) did you use to identify the professional practice gap(s) in your target audience?
- ☐ Opinions from Experts (cannot be the only source) ☐ Research Findings
☐ Surveys or Feedback from the target audience ☐ Gold Standards for Treatment
☐ National Patient Safety Goals ☐ Other (specify):
☐ Specialty Society Guidelines
☐ Hospital Quality Improvement Information

Required Attachment #1: Provide articles or documentation from the data sources you selected (above) that acknowledge the existence of the professional practice gap(s) you have identified.

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- 4) What **potential barriers** will your target audience have in incorporating the new knowledge, competency, and performance that they learn from this activity into practice?

- | | |
|---|---|
| <input type="checkbox"/> No perceived barriers | <input type="checkbox"/> Patient compliance issues |
| <input type="checkbox"/> Lack of money/funding | <input type="checkbox"/> Lack of consensus on professional guidelines |
| <input type="checkbox"/> Lack of time | <input type="checkbox"/> Lack of resources for additional guidance |
| <input type="checkbox"/> Lack of administrative support/resources | <input type="checkbox"/> Other: Specify: |
| <input type="checkbox"/> Insurance/reimbursement issues | |

Do you plan to address at least one of these barriers with this CPE activity? ☐ Yes ☐ No

- 5) Teaching Methodologies (Check all that apply.)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> PowerPoint slide audio lecture | <input type="checkbox"/> Case Studies |
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Roundtable |
| <input type="checkbox"/> Panel discussion | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Question and answer | |
| <input type="checkbox"/> Skilled Demonstration | |
| <input type="checkbox"/> Teleconference/Webinar | |
| <input type="checkbox"/> Simulation | |

- 6) Are there any tools that could be provided to participants to assist with the changes in practice learned during this activity? (*i.e. something they can take home and use in their practice*)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Handouts | <input type="checkbox"/> Pocket Guides | <input type="checkbox"/> Case Presentations | <input type="checkbox"/> Articles |
| <input type="checkbox"/> Web based tools | <input type="checkbox"/> Tool Kits | <input type="checkbox"/> Wall Charts | <input type="checkbox"/> Other (Please Identify): |

- 7) **Learning Objectives:** What are the desired results of the CPE activity – what should learners be able to do differently after they participate in the activity. Tell me in terms of something a physician would do in their practice. (*i.e. At the conclusion of this activity participants will be able to incorporate new treatments for patients with Type II Diabetes.*)

1)
2)
3)

- 8) Please indicate the competencies that are associated with this activity's content.

Institute of Medicine (IOM) competencies

- ☐ Patient-centered care
☐ Interdisciplinary teamwork
☐ Evidence-based practice
☐ Quality improvement
☐ Utilizing informatics

ACGME/ABMS competencies

- ☐ Patient care and procedural skills
☐ Practice-based learning & improvement
☐ Interpersonal & communication skills
☐ Medical knowledge
☐ Professionalism
☐ System-based practice

- 9) At the end of the CPE activity what types of outcomes do you foresee in changing physician's behaviors and in their practices?

- 10) Evaluation Type: ☐ Post-activity Evaluation ☐ Pre-Post Test ☐ Monitoring Performance Improvement Data

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Disclosure

In order to ensure transparency of the people in control of this activity, all individuals in a position to control the planning, content, implementation, and/or evaluation of this activity are required to disclose relevant financial relationships (or the lack thereof) prior to the activity. This includes the Activity Facility, Activity Planner, planning committee members, speakers/presenters/moderators, and anyone else in a position of control over this activity.

Individuals who refuse to disclose are not allowed to be in a position of control over the educational activity.

Attestation: *I attest that I have read the Disclosure Policy (above) and agree to comply with it.*

Initials of Activity Facility: ☐ _____ Initials of Activity Planner: ☐ _____

This Disclosure Policy ties right into the following Conflict of Interest Policy

Commercial support is monetary or in-kind contributions (for example, an educational grant) from a commercial interest used to all or part of the costs of a CPE activity. (A commercial interest is an entity that produces, markets, re-sells, or distributes health care goods/services consumed by or used on patients.)

Exceptions by Organization Type: Hospitals and other providers of clinical service directly to patients are not considered to be commercial interests. **Exceptions by Income Type:** Income received in exchange for exhibiting and/or advertising at the conference is not commercial support regardless of the kind of organization that provides it because it is paid & received in exchange for the opportunity of promoting the products, services, or interest of the entity and is not perceived as being in a position of control over the educational content.

Do you plan to seek commercial support for this CME activity? ☐ **No** ☐ **Yes**, specify companies: _____

Required Attachments: The following documents must be provided with this application:

- ☐ A Gap Analysis demonstrating the need for this educational activity
- ☐ Agenda with time(s), activity name, speaker(s) name
- ☐ Financial Disclosure Forms (one for each speaker and planner)
- ☐ A copy of all Marketing Materials

No Promotion of CPE Credit Prior to Approval: Promotion of CPE credit for this activity is prohibited until this application has been approved by the Office of CME. This includes (1) use of the AMA/ACPE Credit statement and Accreditation statement, (2) mention of the STVHS affiliation with this activity, and/or (3) statements such as "CME/CE credit has been applied for."

- ☐ Draft of evaluation
- ☐ Electronic copy of Power, Handouts, Teaching Aids
- ☐ All Commercial Independence Forms
- ☐ Proof of Disclosure to Audience

I understand that St. Vincent's Health System is committed to ensuring balance, objectivity, scientific rigor, and freedom from commercial bias in all educational programs, and that the CPE, ACCME and/or ACPE policies outlined in this application work toward that goal. I attest that the information and documents provided through this application is complete & accurate to the best of my knowledge, and agree to comply with all policies in this application.

Printed Name:	
Signature:	Date:

We will come back to you for some refinements to the planning process as you progress with planning the activity. We also want you to know that every presentation will need to be reviewed by another physician other than the one presenting the materials to document that the content if without commercial bias, is fair-balanced, and scientifically objective.