



LOMA LINDA UNIVERSITY

School of Medicine

ACCREDITED CONTINUING EDUCATION

The Accreditation Council for Continuing Medical Education (ACCME®) acts as the steward of the Standards for Integrity and Independence in Accredited Continuing Education, which have been drafted to be applicable to accredited continuing education across the health professions. The Standards are designed to: ensure that accredited continuing education serves the needs of patients and the public; presents learners with accurate, balanced, scientifically justified recommendations; assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence; and create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

PLEASE BE AWARE

Your application will not be considered for CME if it does not meet the requirements of the above definition. The LLUSM CME Office reserves the right to attend approved activities to monitor for compliance with ACCME Standards for Integrity and Independence.

The role of our CME Office is to maintain the accreditation requirements of the ACCME (Accreditation Council of Continuing Medical Education) for educational activities that we approve to accredit. We are not an event planning department.

CME Fees

The CME Office is a service provided and supported by the School of Medicine Dean's Office for all Loma Linda University School of Medicine faculty physicians. As such, CME done by faculty for our faculty is financially supported by the Dean's Office at no charge to the individual or sponsoring department. For CME that is not held locally and is primarily for non-LLU physicians AND/OR CME that includes a registration fee, please incorporate the attached fee schedule policy into your planning budgets. The fee schedule has been approved by the School of Medicine CME committee and is meant solely to defray the overhead costs of the CME Office. CME fees may be adjusted per the discretion of the CME Office. We reserve the right to attend the events to ensure compliance with ACCME standards, especially for first time applicants. Travel expenses incurred to attend the event will be added to the total CME fees. Thank you!

Administrative Fee*

<input type="checkbox"/> \$850 for 0-25 attendees	*If all paperwork (CME application, disclosure and verification forms, objectives, and schedule) is completed and received early, the following discounts will apply: 3 months early = 30% off Administrative fee and \$30 CME certificate fee 2 months early = 20% off Administrative fee and \$35 CME certificate fee 1 month early = 10% off Administrative fee and no discount to certificate fee
<input type="checkbox"/> \$1,250 for 25-50 attendees	
<input type="checkbox"/> \$1,750 for 51-100 attendees	
<input type="checkbox"/> \$2,800 for 101-199 attendees	
<input type="checkbox"/> \$4,000 for 200-499 attendees	
<input type="checkbox"/> \$5,750 for 500-1,000 attendees	
<input type="checkbox"/> 1,000+ attendees – fees negotiable	

**An additional 5% increase may be added to the administrative fee for each day past the given due dates for any late submissions (e.g. if an event is scheduled for Feb. 14 and a due date of Feb. 7 is given, and the paperwork is submitted on Feb. 10, a 15% increase will be added to the administrative fee).

A rush fee will apply to submissions within less than 30 days prior to the educational activity.

Certificate Fee

☐ \$40 CME Certificate fee per person (based on request from attendee for CME certificate)

Commercial Support and/or Exhibit Fees

☐ 10% of commercial support and/or exhibit fees collected (if applicable)

☐ Fees do not apply per the guidelines above.

Invoices will be submitted upon completion of the event and a final head count is received.

LLUSM CME Application

Activity Title			
Date(s)			
Location			
Organizing Group/Department			
Physician Planner			
Administrative Contact		Phone / Email	
Speaker(s)/Presenter(s): Name and Degree/Profession			
Program Planner(s): Name and Degree/Profession			
Are any of the planners students of a health profession, patients or public representatives? Name and Organization			
Who is the target audience?			
Number of expected participants:			

1. Is the proposed program evidence-based ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Will the proposed program assist physicians in carrying out their professional responsibilities more effectively and efficiently ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Will the proposed program ultimately improve the quality of patient care ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

4. Were any employees of a pharmaceutical and/or medical device company involved in suggesting or selecting the speakers and/or topics?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Will you be charging a registration fee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Will this activity be receiving any financial support from a pharmaceutical/medical device company? <i>*If YES, additional paperwork will be required.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Will there be exhibits at this activity? <i>*If YES, additional paperwork will be required.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Does this course meet the LLU CME Office mission : to support, nurture, and facilitate the dissemination of contemporary medical knowledge and skills to ultimately improve the quality of patient care and to continue the healing and teaching ministry of Jesus Christ, "To Make Man Whole." <i>(This information will be used to track how we are meeting our mission and will not directly affect the approval of your course)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please indicate which modality(ies) will be used in this activity:		
Case based discussion <input type="checkbox"/>	Lecture <input type="checkbox"/>	
Panel <input type="checkbox"/>	Simulation <input type="checkbox"/>	
Skill-based Training <input type="checkbox"/>	Small group discussion <input type="checkbox"/>	
Other:		
Needs Assessment:		

What is the **professional practice gap** being addressed? (A practice gap is defined as the difference between actual and ideal performance and/or patient outcomes).

1. Where are physicians now? (i.e., what is currently taking place or being practiced?)

2. Where should they be? (i.e., how or what should physicians be practicing instead?)

3. Where did you get the answers to these questions? (i.e., journal articles, national initiatives, quality improvement data) *Please list/ attach documentation for where these answers come from; i.e., website, journal, QI data, etc.

Based on the practice gap, is this activity **designed** to change physician **competency, performance and/or patient outcomes**?
In addition, please indicate the method(s) by which you will **measure and document the change** in competency, performance and/or patient outcomes. *The ACCME will require data demonstration of your findings.*

☐ **Physician Competency**

- ☐ Post activity self-reflective statement reporting changes in competency
- ☐ Pre and posttest as part of the CME activity
- ☐ Individualized Learning Plan for each learner including tracking of the individual learner's repeated engagement with a longitudinal curriculum/plan over weeks/months with evidence of providing individualized feedback to the learner to close practice gaps (C31)

☐ **Physician Performance**

- ☐ Post activity self-reflective statement reporting planned changes to behavior/practice
- ☐ Follow-up survey sent weeks/months after completion of the activity requesting self-report of actual changes to behavior/practice as a result of the CME activity
- ☐ Physical observation of behavior change (e.g., tracking/identifying new practices/policies) as a result of the CME activity
- ☐ Evaluation of observed skills with evidence of formative feedback for **EVERY** learner (individual or group)

☐ **Patient Outcomes**

- ☐ Improvement in patient or community outcomes as a result of the CME activity
- ☐ Analysis of patient satisfaction surveys related to areas addressed in the CME activity
- ☐ Quality assurance data review
- ☐ Chart review, claims review, morbidity/mortality data
- ☐ **Other learner outcomes** (please describe) _____

☐ Other (please describe) _____

Based on the desired result, name 1-3 changes you would like to see attendees make as a result of this activity (i.e., behaviorally stated objectives).

1)

2)

3)

Will the proposed activity teach **about** the collection, analysis or synthesis of health/practice data **AND** use health/practice data to teach about healthcare improvement? C26

☐ Yes – please explain how the incorporation of this data will be demonstrated as a result of this activity:

☐ No

Does your activity address factors beyond clinical care that affect the health of populations by teaching strategies that learners can use to achieve improvements in population health? C27

☐ Yes – please identify the factor(s) and the teaching strategy(ies) to be utilized:

☐ No

Does your activity collaborate with **outside** organizations to more effectively address population health issues? C28

☐ Yes – please identify the organization(s) and the issue(s) to be addressed:

☐ No

Will the proposed activity optimize the communication skills of learners? *The ACCME will require data demonstration of your findings.* C29

☐ Yes – please explain how the communication skills of every (individual or group) learner will be observed **and** how feedback will be provided: _____

☐ No

Will the proposed activity optimize the technical and/or procedural psychomotor skills of learners? *The ACCME will require data demonstration of your findings.*

C30

☐ Yes – please explain how the observed psychomotor technical/procedural skills will be evaluated and how feedback will be provided to the learner: _____

☐ No

Will you use support strategies to enhance change **as an adjunct to this activity?** (i.e., reminders to learners, quick reference cards, newsletters, digital applications, etc.)

C32

☐ Yes – please describe the strategy(ies) that will be conducted and how the strategies will be analyzed to determine any effectiveness and a description of how the strategy evolved following the analysis: _____

☐ No

Does your activity collaborate in the process of healthcare quality improvement **AND** demonstrate improvement in healthcare quality? *The ACCME will require data demonstration of your findings.*

C37

☐ Yes – please identify the healthcare quality process (i.e., clinical care processes or systems) to be improved and what data will be collected to demonstrate the improvement: _____

☐ No

Does your activity collaborate in the process of improving patient or community health **AND** demonstrate improvement in patient or community outcomes? *The ACCME will require data demonstration of your findings.*

C38

☐ Yes – please identify the patient or community health process to be improved and describe the data that will be collected: _____

☐ No

Desirable Physician Attributes

Please “✓” only the competencies that apply to your activity.
(NOTE: It is **not** a requirement for all competencies to be met)

ABMS/ACGME

- ☐ **Patient Care and Procedural Skill** that is compassionate, appropriate, and effective for the treatment of health problems and the promotions of health.
- ☐ **Medical Knowledge:** 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 their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- ☐ **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
- ☐ **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- ☐ **Systems-based Practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for healthcare and the ability to effectively call on system resources to provide care that is of optimal value.

National Academy of Medicine

- ☐ **Provide Patient-centered Care:** identify, respect, and care about patient 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 care 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.

Interprofessional Education Collaborative

- ☐ **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.

Disclosures and ACCME Standards for Integrity and Independence
In Accredited Continuing Education

As the Physician Planner for this educational activity, I certify that the following requirements have been or will be met **for each speaker and program planner (including myself)**, in order to comply with the Loma Linda University School of Medicine Continuing Medical Education Policy regarding implementation of the ACCME Standards for Integrity and Independence in Accredited Continuing Education:

- ☐ Each speaker and program planner has read and completed a **Disclosure and Verification Form** notifying them that their presentation must maintain quality and integrity including the use of generic/trade names and reporting industry-based scientific research. An individual who refuses to disclose all financial relationships will be disqualified from being a planning committee member, a speaker/presenter, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.
- ☐ Disclosures of speakers and program planners' relationships with ineligible companies **will be disclosed in written form or verbally stated to the participants before the start of the activity**. If verbal, documentation of the disclosure (including what was said and by whom) will be sent to the CME office following the activity, signed and dated by me.
- ☐ **Written or verbal acknowledgment of commercial support**, if any, will be provided prior to the start of the activity. If verbal, documentation of the acknowledgment will be sent to the CME office following the activity, signed and dated by me.
- ☐ **All relevant financial relationships have been mitigated**. The program planner has completed the Peer Review form for speaker(s) with conflict(s). Each speaker will be monitored for any commercial bias and the presentation will be evidence-based.
- ☐ Commercial exhibits/messages/logos will NOT be allowed in the meeting room of the educational activity.

This educational activity must be presented in accordance with the Standards for Integrity and Independence in Accredited Continuing Education as required by the Accreditation Council for Continuing Medical Education (ACCME).

I acknowledge that I have reviewed and concur with the needs assessment and objectives. I agree to conduct this activity in accordance with the guidelines required by the ACCME. I understand that if these guidelines are not followed, the program will no longer be eligible for CME.

By signing below, I agree to follow all of the above requirements and requests.

Signature of Physician Planner ▶		Date	
Print Name ▶			

Typed signatures will not be accepted