LOMA LINDA UNIVERSITY

School of Medicine

ACCME'S DEFINITION OF CME

Continuing Medical Education (CME) consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services and improve quality medical care for patients and their communities. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

PLEASE BE AWARE

Your program proposal will not be considered for CME if it does not meet the requirements of the above definition. The LLUSOM CME Office reserves the right to attend approved activities to monitor for compliance with CME Standards.

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 our 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. Thank you!

Administrative Fees

_____ $750 for 0-25 attendees   ☐ Fees not applicable per guidelines above
_____ $1,000 for 26-50 attendees
_____ $1,500 for 51-100 attendees
_____ $2,500 for 101+ attendees

Certificate Fees

_____ $35 certificate fee per person (based on attendees request for CME certificate)

Commercial Support & Exhibit Fees

_____ 10% of commercial support and exhibit fees (if applicable)

Loma Linda University School of Medicine
Continuing Medical Education

Course Proposal

Program /Lecture Title			
Date(s)			
Location			
Organizing Group/Department			
Physician Planner			
Administrative Contact Person		**Phone / Ext**	
Speaker(s) - Name/Degree			
Program Planner(s) Name/Degree			

		YES	NO
1.	Who is your target audience?		
2.	Is the proposed program evidence-based?	☐	☐
3.	Will the proposed program assist physicians in carrying out their professional responsibilities more effectively and efficiently?	☐	☐
4.	Will the proposed program ultimately improve the quality of patient care?	☐	☐
5.	I have provided each speakers individual lecture objectives on a separate attachment (this is required)	☐	☐

		YES	NO
6.	I have provided a complete, detailed schedule highlighting the CME portion(s)	☐	☐
7.	All planning for this activity was done independent of commercial interests?	☐	☐
8.	Will this activity be receiving any financial support from industry or a pharmaceutical company? *If yes, you will need to submit commercial support letter of agreement form(s) for each commercial supporter*	☐	☐
9.	Will there be exhibits at this activity? *If yes, you will need to submit exhibit agreement form(s) for each exhibitor*	☐	☐
10.	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." *This information will be used to track how we are meeting our mission and will not directly affect the approval of your course.*	☐	☐

Please indicate how you will include cultural and linguistic competency into your course. (check all that apply)
*This requirement is to comply with California Assembly Bill 1195

Incorporate into lectures cultural differences in incidence, diagnosis, management, prognosis, therapeutic relationships, treatment, etc	
Address linguistic/cultural issues specific to topic	
This activity is dedicated to cultural/linguistic issues and we will address diversity, appropriate use of interpreters, health disparities, etc.	
We will use supporting documents such as: Websites, handouts, reference cards, patient education, tapes, CDs, handbooks, syllabi, local resources. You must keep copies of the supporting documents for the CME files.	
Other (please indicate):	

Number of CME Hours Requested *Breaks, meals, and social events do NOT count*		**Number of Expected Participants**	

Activity Development Worksheet

Question

1. What is the professional practice gap? A practice gap is defined as the difference between actual and ideal performance and/or patient outcomes.   Your response should answer two questions:
    1. Where are we now?
    2. Where should we be?
Where did you get the answers to these questions? i.e. for question 1- past CME conference evaluations, survey, committee meeting. i.e for question 2- journal articles, national initiatives, quality improvement   Please provide the documentation when available to the answers of the first two questions. C2

2. Based on the practice gap is the activity designed to change physician knowledge, competency, and/or performance?   C3
3. Based on the desired result name 1-3 changes you would like to see attendees make in the way they deliver patient care as a result of this program i.e. objectives. C3
4. What is the physician target audience? What are the potential or real barriers facing these physicians if this practice gap is to be addressed? Examples- lack of time to assess or counsel patients, insurance and reimbursement issues, patient compliance issues, cost, lack of consensus on professional guidelines, lack of administrative support/resources. C18. C19

5. Are there other initiatives within my institution working on this issue? Are there other organizations we could partner with that are working on this issue? C18, C20

6. In what ways could we include these internal or external groups in our CME activity to help us address or remove barriers as identified in question 4? C19

7. Are there non-educational strategies that are currently being used that address this issue? If no, what kinds of non-educational strategies could be used to address this issue? Examples: 1) implementing a mechanism to send reminders to participants following CME activities (e.g., "Don't forget to…" or "Have you incorporated…?"), or 2) working with others to facilitate a peer to peer feedback system to reinforce new practices, or 3) incorporating new questions about the new practices into patient satisfaction questionnaires. Handouts, SWOT analysis. C17

8. How will you make this activity interactive and learner centered (i.e. involved participation from the audience)? Examples- Audience Response System, Q & A, simulation, skills training, small group and case based discussions.

9. What type(s) of evaluation method(s) will you use to know if the activity was effective at meeting the need and creating change in competence, performance or patient outcomes?

What will you measure to document this change in competence, performance or patient outcomes? C11

Desirable Physician Attributes

Please "X" all competencies that apply to your conference/meeting.

Institute of Medicine Core

☐ 1. **Provide patient-centered care** identify, respect, and care about patient's 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.

☐ 2. **Work in interdisciplinary teams** cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

☐ 3. **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.

☐ 4. **Apply quality improvements** 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 patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.

☐ 5. **Utilize informatics** communicate, manage, knowledge, mitigate error, and support decision making using information technology.

ABMS(MOC)/ACGME

☐ 6. **Patient care that is** compassionate, appropriate, and effective for the treatment of health problems and the promotions of health.

☐ 7. **Medical knowledge about** established and evolving biomedical, clinical, and cognate(e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care.

☐ 8. **Practice-based learning and improvement** that involves their own patient care, appraisal and assimilation of scientific evidence, and improvements inpatient care.

☐ 9. **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.

☐ 10. **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

☐ 11. **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.

AAMC

☐ 12. **Evidence of professional standing** such as unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.

☐ 13. **Evidence of a commitment to lifelong learning** and involvement in a periodic self-assessment process to guide continuing learning.

☐ 14. **Evidence of cognitive expertise** based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to date practice-related knowledge, and other issues such as ethics and professionalism.

☐ 15. **Evidence of evaluation of performance in practice** including the medical care Provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.

☐ 16. Other

_____

_____

_____

_____

_____

Disclosures and Commercial Support Standards Policy

As the physician coordinator for this 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's Standards for Commercial Support.

❒ Each speaker and program planner has 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. The ACCME Standards for Commercial Support state, "An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, 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 commercial supporters and/or products will be disclosed in written form to the participants or verbally stated 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.

❒ Any potential conflict(s) of interest has been resolved. The program planner has completed the Peer Review form for speaker(s) with a conflict. Each speaker will be monitored for any commercial bias and the presentation will be evidence-based.

❒ Commercial exhibits/messages will NOT be allowed in the meeting room of the educational activity.

This program must be presented in accordance with the Conflict of Interest Policy and Commercial Support Standards as required by the Accreditation Council for Continuing Medical Education (ACCME).

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

I agree to send the post event analysis listed in question 10, three months after the course to the CME Office. Otherwise I understand that CME may not be granted next time I request it for this conference.

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

Signature of Physician Coordinator ▶		**Date**	

CME Office Use Only
___Approved   __ Disapproved   Date_____   Hours Approved_____
CME Director/Associate Director_____
Type of Activity: _____ Live   _____ Enduring Material   _____Internet   _____ Other