LOMA LINDA UNIVERSITY

School of Medicine

ACCME'S DEFINITION OF CME

Continuing medical education 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 for patients, the public, or the profession. 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 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 CME Standards.

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*

☐ $850 for 0-25 attendees
☐ $1,250 for 26-50 attendees
☐ $1,750 for 51-100 attendees
☐ $2,800 for 101-199 attendees
☐ $4,000 for 200-499 attendees
☐ $5,750 for 500-1,000 attendees
☐ 1,000+ attendees – fees negotiable

*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

**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, if the paperwork is submitted on Feb. 10, a 15% increase will be added to the administrative fee).

Rush fee will apply to submission within less than 30 days of the educational activity.

Certificate Fee
☐ $40 CME Certificate fee per person (based on attendees request for CME certificate)

Online/Enduring Material
☐ $2,250 for the first 100 participants, $40 per person for 100+ participants

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

☐ Fees not applicable per the guidelines above

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

CME Application

Program /Lecture Title	
Date(s)	
Location	
Organizing Group/Department	
Physician Planner	
Administrative Contact	**Phone / Ext**
Speaker(s) - Name/Degree	
Program Planner(s) Name/Degree	
Who is the target audience?	
Number of participants expected:	

		YES	NO
1.	Is the proposed program **evidence-based**?	YES	NO
2.	Will the proposed program assist physicians in carrying out their professional responsibilities **more effectively and efficiently**?	YES	NO
3.	Will the proposed program ultimately **improve the quality of patient care**?	YES	NO
4.	I have provided each speaker's **individual lecture objectives** on a separate attachment (this is required)	YES	NO
5.	Were any **employees of a pharmaceutical and/or medical device company** involved in suggesting or selecting the speakers and/or topics?	YES	NO

		YES	NO
6.	Will this activity be receiving any **financial support** from a pharmaceutical/medical device company? *If yes, you will need to submit commercial support letter of agreement form(s) for each commercial supporter*	YES	NO
7.	Will there be **exhibits** at this activity? *If yes, you will need to submit exhibit agreement form(s) for each exhibitor*	YES	NO
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." *This information will be used to track how we are meeting our mission and will not directly affect the approval of your course.*	YES	NO

Please indicate which modality(ies) will be used in this activity:

Case based discussion	Lecture
Panel	Simulation
Skill-based Training	Small group discussion

Other:

Needs Assessment:

What is the <u>professional practice gap</u> being addressed? A practice gap is defined as the difference between actual and ideal performance and/or patient outcomes. C2	
1. <u>**Where are physicians now**</u>? (i.e., what is currently taking place or being practiced?)	
2. <u>**Where should they be**</u>? (i.e., how or what should physicians be practicing instead?)	
3. <u>**Where did you get the answers to these questions**</u>? (i.e., journal articles, national initiatives, quality improvement data) *Please attach documentation for where these answers come from i.e., website, journal, QI data, etc.	

Based on the practice gap, is the activity designed to <u>change physician knowledge, competency, and/or performance</u>? C3 Please also indicate the method by which you will measure and document the change in competence, performance or patient outcomes. <u>The CME Office will require data demonstrating your findings</u>. C11	
Physician Knowledge and or Competency	Pre/Post test as part of the CME Activity
	Post Activity survey questionnaire/evaluation requesting self-report of changes in knowledge and or competency
	Other (please describe)
Performance	Post Activity survey questionnaire/evaluation requesting self-report of intent to change behavior/practice
	Follow-up survey sent weeks/months after completion of the activity requesting self-report of actual changes to behavior/practice
	Physical observation of behavior change (e.g,. tracking/identifying new practices/policies)
	Other (please describe)
Patient Outcomes	Quality assurance data review
	Chart review, claims review, morbidity/mortality data
	Other (please describe)

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
1) 2) 3)
What is the physician target audience?   C18. C19
What are the potential or real barriers facing these physicians if this practice gap is to be addressed? **i.e., 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**
Are there other initiatives within my institution working on this issue? C18, C20
Yes – explain: **No**
Are there other organizations we could partner with that are working on this issue? C18, C20
Yes – explain: **No**
In what ways could we include these internal or external groups in our CME activity to help us address or remove barriers as identified? C19

Are there non-educational strategies that are currently being used that address this issue?
Yes – what are they?
Implementing a mechanism to send reminders to participants following CME activities
Working with others to facilitate a peer to peer feedback system to reinforce new practices
Incorporating new questions about the new practices into patient satisfaction questionnaires
Handouts
SWOT (strength, weakness, opportunities, and threats) analysis
Other
No – what could they be?

How will you make this activity interactive and learner-centered?
Audience Response System
Q & A
Simulation
Skills Training
Small Groups
Case Based discussions
Other

Desirable Physician Attributes

Please "✓" all competencies that apply to your conference/meeting

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.

Institute 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 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 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 Planner ▶		Date	

No typed signatures please