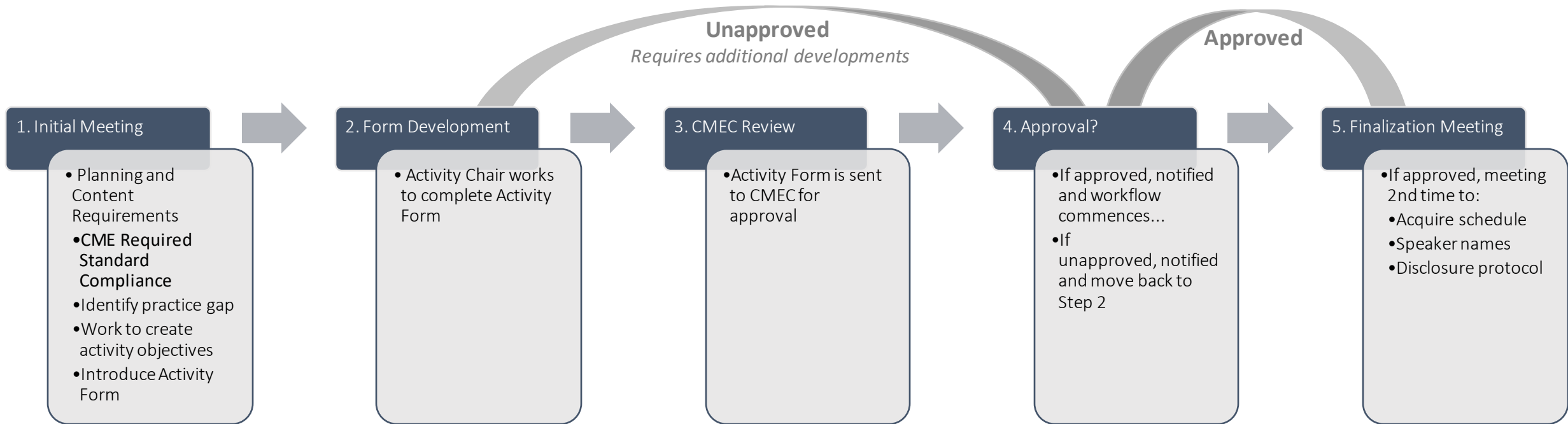


New CME Activity Request Process Steps

Continuing Medical Education Program 2021-22

New CME Activity – Process of Approval



1. Initial Meeting

- [ACCME Standards for Integrity and Independence in Accredited Continuing Education](#)
 - [Standard 1:](#)
 - Fair, balanced, and evidence-based
 - [Standard 2:](#)
 - No commercial bias or marketing
 - [Standard 3:](#)
 - Identify and mitigate relevant financial relationships
 - [Disclosure Form](#) (*Planning Committee/ all content influencers must submit*)
 - [Standard 4:](#)
 - Ensuring commercial support does not affect content
 - [Standard 5:](#)
 - Rules for proper management of any supplemental activities



1. Initial Meeting

- **Planning the CME Activity**

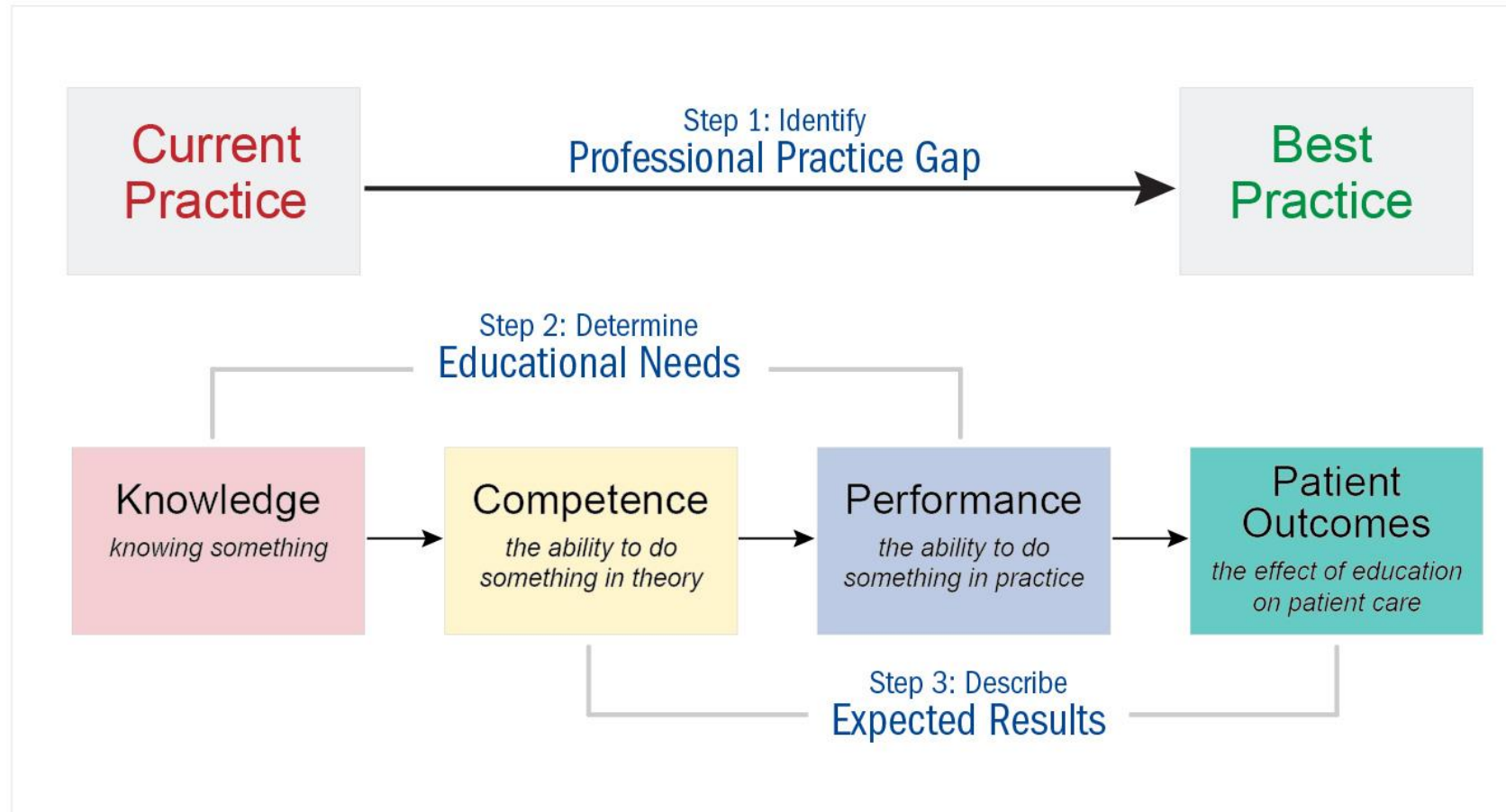
- Select an Activity Planning Committee to coordinate the activity planning process, if needed.
- Ensure that the activity is designed to address identified learning needs of physicians derived from professional practice gaps that are substantiated by data from the target audience, expert opinion, scientific literature, national guidelines, quality improvement data or other relevant data.
- Ensure designed to change provider competence (improve abilities/strategies), performance (modify practice), and/or patient outcomes.

- **Content of CME Activity**

- Ensure that the content developed is objective, balanced, based on valid and sound scientific research, and free of commercial bias.
- Ensure that clinical care recommendations, treatments, or manners of practicing presented in the CME activity are based on evidence that is accepted within the profession of medicine, are not known to have risks or dangers that outweigh the benefits and are not known to be ineffective in the treatment of patients.
- Ensure that all scientific research referred to, reported, or used in CME in support of or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.

1. Initial Meeting

An Overview of Educational Planning in CME



1. Initial Meeting

- **Identifying Practice Gaps**

- Have any areas of improvement been identified by quality or departmental data, reports, committees, etc.?
- What are the key issues or obstacles to patient care you or your colleagues are encountering?
- What kinds of clinical situations do you or your colleagues find difficult to manage or resolve?
- Why do these problems/challenges exist? What is contributing to them? How can this meeting help address and improve/eliminate these problems/challenges?

- **CME Program Review before Continuation**

2. Form Development

• CME Activity Form

- To be received after **Step 1: Initial Meeting** of the New CME Activity Approval Process

PURPOSE

The CME Activity Form serves to assist in the creation and development of CME accredited activities. It helps to ensure that each activity is designed with a foundation of quality learning content, resulting in continued excellence of the CME program as a whole. For any questions regarding this form or CME learning in general, please contact the CME Team at cme@prismahealth.org.

ACTIVITY INFORMATION

DATE

A. ACTIVITY DETAILS <i>Please fill out all fields as fully as possible.</i>			
ACTIVITY TITLE			
PROJECTED DATE(S)	TIME(S)		
PROPOSED LOCATION	CREDIT(S)		
DEPARTMENT(S)			
TARGET AUDIENCE			
PLANNING COMMITTEE CHAIR	TITLE		
EMAIL			
PLANNING COMMITTEE CO-CHAIR	TITLE		
EMAIL			
ADMINISTRATIVE CONTACT	TITLE		
EMAIL			

B. ACTIVITY TYPE <i>Please select one.</i>	
<input type="checkbox"/>	LIVE COURSE <i>A symposium, workshop, conference, (etc.) held once or annually</i>
<input type="checkbox"/>	REGULARLY SCHEDULED SERIES (RSS) <i>An activity held on a daily, weekly, monthly, quarterly (etc.) basis.</i>
	<input type="checkbox"/> Grand Rounds <input type="checkbox"/> Journal Club <input type="checkbox"/> Lecture Series <input type="checkbox"/> M&M <input type="checkbox"/> Tumor Board <input type="checkbox"/> Other (Specify): Occurrence:
<input type="checkbox"/>	ENDURING MATERIAL/HOME (SELF) STUDY
	<input type="checkbox"/> Internet <input type="checkbox"/> Journal Based <input type="checkbox"/> Other (Specify):
<input type="checkbox"/>	OTHER
	<input type="checkbox"/> Manuscript Review <input type="checkbox"/> Learning from Teaching <input checked="" type="checkbox"/> Committee Learning <input type="checkbox"/> Performance Improvement <input type="checkbox"/> Test Item Writing <input type="checkbox"/> Journal Based <input type="checkbox"/> Other (Specify):

C. PLANNING COMMITTEE & DISCLOSURE DETAILS <i>Please list all planning committee members & financial relationships.</i>			
Name of Individual <i>(e.g. John Smith, MD)</i>	Role <i>(e.g. Physician Coordinator)</i>	Potential Multiplicity of Interest <i>(e.g. Pfizer)</i>	Nature of Relationship <i>(e.g. Speaker's Bureau)</i>

PROGRAM DETAILS

D. ACTIVITY CONTENT <i>Please complete all fields.</i>	
Please state the professional practice gap(s) on which the activity was based.	
What evidence data was used to identify the professional practice gaps?	
State the educational needs that you determined to be the cause of the practice gap(s).	Knowledge need and/or: Competence need and/or: Performance need and/or:
Please state in terms of competence and/or performance and/or patient outcomes, what this activity was designed to change. What strategies will be used to measure the anticipated change?	
Please state the educational format(s) to be used for this activity. How will the chosen format(s) best achieve the desired results?	

E. ACTIVITY COMPETENCIES <i>Please indicate the physician competency(s) this activity addresses. At least one selection from any column must be made.</i>		
ACGME/ABMS Competencies	Institute of Medicine Competencies	Interprofessional Education Collaborative Competencies
<input type="checkbox"/> Patient Care and Procedural Skills	<input type="checkbox"/> Provide Patient-centered Care	<input type="checkbox"/> Interprofessional Communication
<input type="checkbox"/> Medical Knowledge	<input type="checkbox"/> Work in Interdisciplinary Teams	<input type="checkbox"/> Roles/Responsibilities
<input type="checkbox"/> Practice-based Learning & Improvement	<input type="checkbox"/> Employ Evidence-based Practice	<input type="checkbox"/> Values/Ethics for Interprofessional Practice
<input type="checkbox"/> Interpersonal & Communication Skills	<input type="checkbox"/> Apply Quality Improvement	<input type="checkbox"/> Teams and Teamwork
<input type="checkbox"/> Professionalism	<input type="checkbox"/> Utilize Informatics	
<input type="checkbox"/> Systems-based Practice		
<input type="checkbox"/> Other competency(s) (Specify):		

F. ACTIVITY DESCRIPTION <i>Please provide a brief narrative regarding the vision and/or intention of this activity.</i>

3. CMEC Review

- **CME Activity Form Completion and Submission**

- Activity form is sent to at least 2 CMEC members
- Completed CMEC (Continuing Medical Education Committee) Review takes ~2 weeks
- CMEC Decision:
 - Approval
 - Disapproval: Request for Development

3. CMEC Review

**CMEC Decision:
APPROVAL**

4. Finalization Meeting
- Acquire schedule
 - Speaker names
 - Disclosure protocol

**CMEC Decision:
REQUEST FOR DEVELOPMENT**

2. Form Development *(2nd Attempt)*
- Make requested edits
 - Develop information within Activity Form



3. CMEC Review
- Activity Form is sent to CMEC for approval *(2nd Attempt)*
 - If approved...



4. Finalization
- Final meeting to:
 - Acquire schedule
 - Speaker names
 - Disclosure protocol

4. Finalization

- **Activity Schedule Affirmed & Learning Portal Creation**
- **Text-In Code Protocol**
- **Disclosures of Relevant Financial Relationships**
 - Work with the CME Team to collect disclosure information and resolve any potential multiplicities (conflicts) of interests amongst the Activity Planning Committee and anyone else who is in the position to influence the agenda and/or content of the activity
 - Work with the CME Team to resolve any multiplicities (conflicts) of interests
 - For RSS, ensure that the presentations are free from commercial bias and protocol is set for disclosure statements to be made
 - Activity Coordinator aware of process of resolving any Conflict of Interest cases
 - [Tools for Identifying, Mitigating, and Disclosing Relevant Financial Relationships](#)
 - PowerPoint templates to disclose to the learners
 - Learning Portal Site Pages: "[RSS Training](#)" & "[CME Resource Packet](#)"