

Activity Overview: Request for Continuing Medical Education (CME) Credit

Please download, complete, and email to br2johns@utmb.edu

Activity Title: _____

Start Date: _____ End Date: _____

Has UTMB OCE sponsored this activity before? No Yes If yes, when _____

If no, who was the previous CME sponsor? _____

Frequency to be offered: One time Weekly Monthly Quarterly Annually Other _____

Activity Location: _____ If online, activity web address: _____

Organization/Institution/Department/Agency _____

Activity Director: _____ Academic Title: _____

Email Address: _____ Phone number: _____ Fax number: _____

Mailing Address: _____

Activity Administrator: (Primary Contact Person): _____

Email Address: _____ Phone number: _____ Fax number: _____

Mailing Address: _____

Activity Administrator: (Secondary Contact Person): _____

Email Address: _____ Phone number: _____ Fax number: _____

Mailing Address: _____

What is the anticipated attendance/participation: # of MDs/DOs: _____ # of RNs/NPs: _____ # of PhDs: _____

of other health professionals: _____

(please specify)

Activity Needs Assessment: A needs assessment is the process of identifying and analyzing data that reflect the need for a particular CME activity. The data could result from a survey of the potential learners, evaluations from previous CME activities, needed health outcomes, identified new skills, etc. Needs assessment data provide the basis for developing learner objectives for the CME activity.

In the space provided below, please indicate which resources you used to determine the need for this activity. Attach supporting documentation for at least two needs with this request.

Select all that apply

Expert Needs	Participant Needs	Observed Needs
<input type="checkbox"/> Planning Committee <input type="checkbox"/> Departmental Chair <input type="checkbox"/> Activity Faculty <input type="checkbox"/> Expert Panels <input type="checkbox"/> Peer-Reviewed Literature <input type="checkbox"/> Research <input type="checkbox"/> Required By Government	<input type="checkbox"/> Previous Related Evaluation Summary <input type="checkbox"/> Focus Groups/Interviews <input type="checkbox"/> Needs Survey/Questionnaire <input type="checkbox"/> Other Requests from Physicians <input type="checkbox"/> Requested by Affiliated Groups <input type="checkbox"/> Other, please specify: <hr/>	<input type="checkbox"/> QA Analyses <input type="checkbox"/> Mortality / Morbidity Data <input type="checkbox"/> Epidemiological Data <input type="checkbox"/> National Clinical Guidelines (NIH, etc) <input type="checkbox"/> Specialty Society Guidelines <input type="checkbox"/> Database Analyses (e.g. Rx changes, diagnosis)

Activity Objectives: Objectives are statements that clearly describe what the learner will be able to know or do after participating in the CME activity. The statements should result from the needs assessment data – and should connect identified needs with the desired results via the planning process.

In the space provided below summarize the identified need, desired result and write learning objectives for identified needs that are measurable and written from the learner’s perspective. Please demonstrate the connection between identified needs and the desired results.

What is the learner expected to do or perform in the practice setting?

Identified Needs	Desired Results	Learning Objectives
After analyzing the Needs Assessment Data list the needs to be addressed by this continuing education activity (i.e.) Identify problems found from your needs assessment resources	List the expected outcomes in terms of changed participant knowledge, skills, performance in practice and/or patient health status (i.e.) Identify specific techniques and ideas you are planning to teach participants to solve the problems	Learning Objectives must be written from the learner’s perspective of what you expect the learner to do in the practice setting with the information you are teaching. For example, a good learning objective will be to “implement” “demonstrate”, apply”, “exhibit” or other words that are oriented to the learner’s performance or patient health status. (i.e.) List specific actions you want participants to do as a result of your teaching

Activity Planners: List all persons that are in a position to control or influence the content of this CME activity.

Planning Committee:

Name	Title	Organization	Bio form included (yes/no)

Planning Process: Describe your planning. How are objectives, delivery method and desired results linked?

Method: What is your planned primary educational method?

- Case presentations/discussion
- Demonstration
- Laboratory
- Learner paced enduring material (independent self-study via print, audio, video, CD-ROM, internet)
- Lecture/discussion
- Panel discussion
- Video Teleconference
- Live Internet activity
- Workshop
- Discussion
- Other (specify) _____

Evaluation: At the conclusion of the activity, how will you measure the effectiveness of the activity in meeting identified educational needs in terms of satisfaction, knowledge or skill? Note – CME Office will request a copy of the evaluation tool prior to activity taking place and when necessary will provide input to assure the tool is effective.

- Use OCE online evaluation
- Use of pre- and post-test data
- Knowledge assessment (describe)
- Skills assessment (describe)
- Self-reported increase in practitioner confidence
- Participant self-report of implementing knowledge or skill into practice

Outcomes Measurement: How will you measure the effectiveness of the CME activity in meeting identified needs in terms of practice application and/or health status? (This section **must** be completed for Regularly Scheduled Series, Grand Rounds, Tumor Boards, Etc.)

- Post activity participant survey
- Peer-review
- Chart assessments
- Other health indicators (describe) _____

For post-activity participant survey, please list outcome questions. Hint: use your Desired Results from page 2 to formulate your questions, i.e., relate to your Identified Needs and Desired Results from page 2.

Identified Needs (i.e.)	Desired Results (i.e.)	Outcome Question (i.e.)
Identify problems found from your needs assessment resources	Identify specific techniques and ideas you are planning to teach participants to solve the problems. List the expected outcomes in terms of changed participant knowledge skills, performance in practice and/or patient health status.	Formulate your survey outcome question. How did your activity change participant knowledge, practice, performance and/or patient health?

Note: The CME office will require participant contact information for outcomes survey

When would you like the post activity survey questioning to take place?

- 1 month
- 3 months
- 6 months
- Other (specify) _____

Financial Support: In the space provided below, indicate the projected amount of revenue/funding for the educational activity. All commercial support (educational grants) require oversight by the UTMB OCE CME office and all Letters of Agreement for commercial support **must** be signed by the UTMB OCE CME Director and the authorized representative of the commercial entity prior to designation of the activity for CME.

Source	Projected \$ Amount	Intended uses (e.g. travel, honoraria, supplies, catering, printing)
Promotional Support (exhibit and sponsorship fees)		
Promotional Support (advertisement)		
Commercial Support (educational grants)		
Departmental Funds/Organizational funds		
Federal funds *		
Registration fees		
Other sources *		
Non-monetary support (specify) e.g. personnel, food, services, equipment, etc.		

* Federal or other grant funds	
Grant expiration date _____	Grant PID# _____

Faculty Disclosure:

Financial – Prior to the education activity, all participating faculty (speakers/authors, moderators, etc) in a UTMB OCE sponsored activity must disclose to the audience all relevant financial relationships with any commercial interest. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. Written disclosure documentation must be on file the UTMB OCE Continuing Medical Education Office prior to the activity taking place and in sufficient time to resolve any identified conflicts of interest.

FDA – Prior to the educational activity, all participating (speakers/authors, moderators, etc. in a UTMB OCE sponsored activity must disclose to the audience their intent to include discussion or presentation of investigational or un-approved uses of drugs or medical devices (uses not approved by the US Food and Drug Administration).

How will you provide faculty/speaker disclosure to this audience?

- Distributed in printed materials**
- Mailed in advance of presentation**
- On-line**
- Verbally prior to the presentation (requires completion and return to UTMB OCE-CME Verification of Verbal Disclosure Policy Form)**
- Other (specify) _____**

Product Promotion: Commercial exhibits (promotion of pharmaceutical products or medical devices) must be separated from the educational activity presentation. Will any products be promoted? No. Yes If yes, how will you keep this promotion separate from the presentation?

Core Competencies in Medical Education: The Accreditation Council for Graduate Medical Education (ACGME) endorses six areas of general competency for resident physician education. The UTMB OCE CME Office emphasizes the continuum of education in its values and beliefs and promotes the integration of one or more of these competencies in continuing medical education activity planning.

Will you address **patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health in this activity? Yes No

Will you address **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 in this activity? Yes No

Will you address **practice-based learning and improvement** that involves investigation and evaluation of ones own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care in this activity? Yes No

Will you address **interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals in this activity? Yes No

Will you address **systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value in this activity? Yes No

Will you address **professionalism**, as manifested through a commitment to carrying out **professional responsibilities**, adherence to **ethical principles**, and sensitivity to a diverse patient population in this activity? Yes No

Detailed Activity Program:

Please attach detailed activity program including:

- Copy of agenda**

- Faculty list designated for each presentation**

Final agenda and Faculty Contact Information:

Note: We understand some of the required information is tentative at the time this request is submitted; however complete information will be required for designation of continuing education credit prior to production and distribution of promotional materials and no less than **60** days prior to the activity. Provide the CME Office with a faculty list. Please include faculty name, mailing address, telephone/fax numbers, and email address.

Submitted by: _____

Date: _____

Email address: _____

Phone: _____