



Application for approval of AMA PRA Category 1 Credits™ for CME

Sponsoring Department/Organization: _____

Activity Title: _____

Event Day and Date: _____ **Location:** _____

Course Director: _____ **Phone:** _____

E-Mail: _____

Other Administrative Contact: _____ **Phone:** _____

E-Mail: _____

Target Audience: _____

Range of promotional reach: (regional, state, USA, International) _____

Activity Format: _____

(Live Activity, Live internet Activity in real time, Pre-recorded-Enduring Material)

List certificate types that will be requested for this activity: _____

Funding Source: (list all income types) _____

Estimated Attendance: _____

This activity was developed in the context of which outcomes and competencies; please check all that apply: Outcomes:
 (comment if applicable)

Designed to change Competence?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Designed to change Performance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Designed to change Patient Outcomes?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Changes in Competence evaluated?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Changes in Performance evaluated?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Changes in Patient Outcomes evaluated?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ACGME/ABMS

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

Institute of Medicine

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

Inter-professional Education Collaborative

- Values/Ethics for Inter-professional Practice
- Roles/Responsibilities
- Inter-professional Communication
- Teams and Teamwork

AMA PRA SKILLS and Procedures (please make sure you have the documentation to back up your responses.)

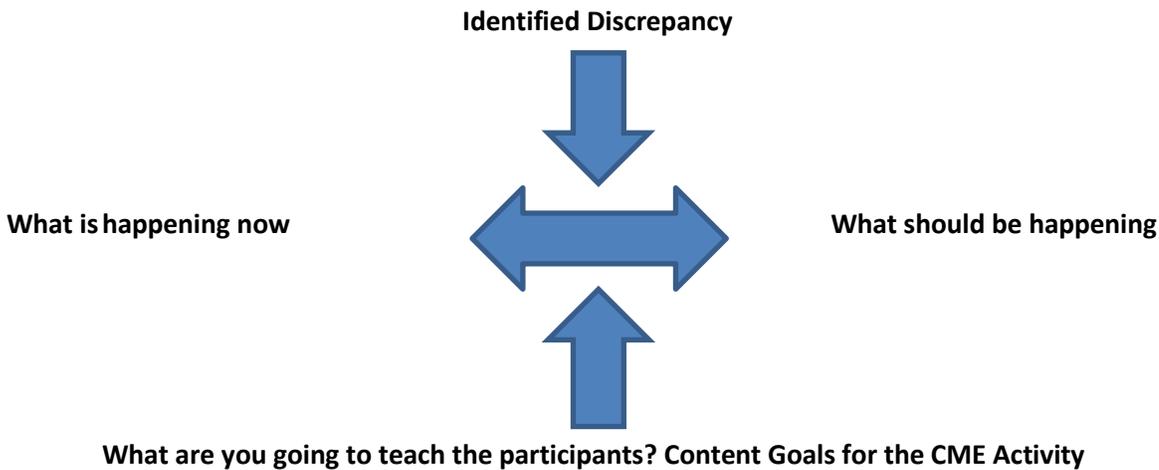
- Verification of Attendance
- Verification of Satisfactory Completion of Course Objectives
- Verification of Proctor Readiness
- Verification of Physician Competence to Perform the Procedure

Other Competencies/No Competencies

Changes in Patient Outcomes evaluated?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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Comments:

Gap Analysis: Provide information regarding why the planning team decided on the content for the activity: Tell us what tool you used to identify and define current health care issues. A gap analysis clarifies the discrepancy between current reality in health care and the desired or optimal health care situation and identifies an opportunity that may be addressed in the CME activity. The identified gap should have helped define the curricular goal of the activity.



Select the fields that are needed for assessment and any barriers related to this activity. (Choose all that apply, provide documentation for each selection)

- Evidence-based, peer-reviewed literature
- Outcomes data that supports team-based education
- Quality care data
- Issues identified by colleagues
- Problematic/uncommon cases
- Ongoing consensus of diagnosis made by physician on staff
- Advice from authorities of the field or societies
- Formal or informal survey results of target audience, faculty or staff
- Discussion in departmental meetings
- Government sources or consensus reports
- Board examinations and/or re-certification requirements
- New technology, methods or diagnosis/treatment
- Legislative, regulatory, or organizational changes impacting patient care
- Joint Commission Patient Safety Goal/Competency

What is the identified gap as it relates to knowledge, skill, competence, practice, or patient outcomes?

What source or sources did you use to identify the Gold Standard or Best Practice that your scope of learners should be doing for better patient outcomes? (LIST and attach the sources)

Barriers (choose none or all that apply)

None

Provider

- Clinical Knowledge/Skills/Expertise
- Recall/Confidence/Clinical Inertia
- Peer Influence
- Motivation
- Cultural Competence
- Fear/Legal Concerns

Team

- Roles and Responsibilities
- Shared Values and Trust
- Communication
- Team Structure
- Competence
- Consensus

Patient

- Patient Characteristics
- Patient Adherence

System/Organization

- Work Overload
- Practice Process
- Referral Process
- Cost/Funding
- Insurance Reimbursement
- Culture of Safety

Other

- Lack of Opportunity
- Not Enough Time

Comment _____

ACCME Commendation Criteria. Select all that apply to the activity you are planning.

Promotes Team-based Education:

- C23 Members of interprofessional teams are engaged in the planning and delivery of Interprofessional continuing education (ICEP)
- C24 Patient/public representatives are engaged in the planning and delivery of CME

- C25 Students of the health professions are engaged in the planning and delivery of CME

Addresses Public Health Priorities:

- C26 The provider advances the use of health and practice data for healthcare improvement
- C27 The provider addresses factors beyond clinical care that affect the health populations
- C28 The provider collaborates with other organizations to more effectively address population health issues

Enhances Skills:

- C29 The provider designs CME to optimize communication skills of learners
- C30 The provider designs CME to optimize technical and procedure skills of learners
- C31 The provider creates individualized learning plans for learners
- C32 The provider utilizes support strategies to enhance change as an adjunct to its CME

Demonstrates Educational Leadership:

- C33 The provider engages in CME research and scholarship
- C34 The provider supports the continuous professional development of its CME team
- C35 The provider demonstrates creativity and innovation in the evolution of its CME program

Achieves Outcomes:

- C36 The provider demonstrates improvement in the performance of learners
- C37 The provider demonstrates healthcare quality improvement
- C38 The provider demonstrates the impact of the CME program on patients or their communities

Provide a list of objectives that tie back to the content. Objectives should be written in measurable terms so the participants can review the objectives and know exactly what the content will cover. The participants should be able to determine if this educational content will help them improve the discrepancy. Do not use words such as understand, increase knowledge, comprehend, know, and learn. Suggested approved terms such as adjust, classify, diagnose, apply, compare, predict, solve, choose, develop, formulate, manage etc....

Does any of your content cover socio-economic, racial, religious, or cultural disparities?

If yes, List how your educational content identify and address issues to diversify and eliminate disparities.

Please list the names of anyone that was in control of content and/or helped with choosing speakers.

Planning Committee:

Check list: (do not submit without all of the required information/attachments/signature)

_____ Application signed and dated by course director (next page)

Required attachments

_____ proof of needs assessment, attached (surveys, articles, evaluations, expert opinion, etc...)

_____ budget estimates for expenses and income

_____ schedule/outline with time frames including welcome remarks, breaks, lunch, breakout sessions

_____ attach completed required forms for course director and planning committee

Disclosure form
content validation form
current CV

From the Accreditation Council for Continuing Medical Education (ACCME)

If a course director or planner has a conflict of interest, consider having them recuse themselves from participating in planning the part of the activity related to the conflict, and identify a non-conflicted co-director who will assume that responsibility.

When above check list is complete the course director(s) should sign and date. If questions regarding the application are unresolved please contact the CME office for further discussion. CME@SLU.edu or Phone: (314) 977-7401

COURSE DIRECTOR'S SIGNATURE (REQUIRED):

Signed: _____ Date: _____

Print Name: _____

Email complete packet to: CME@health.slu.edu or mail to the CME Office (hand written or faxed applications will not be reviewed)

SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE, Young Hall, SLU CME Office, Room 106
3839 LINDELL BLVD., ST. LOUIS, MO 63108

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____

Initial Review by: _____ Date: _____

Recommend for Approval

Approval with Changes

Disapproved/Incomplete

COMMENTS:

REVIEWED AND APPROVED

DATE

L. James Willmore, M.D.

Associate Dean, Saint Louis University School of Medicine

SLU CME Program Accrediting Director

Activity Title _____

Date of Activity _____

Date entered into PARS report _____

Date entered into CME database _____

Activity code as assigned in database _____

Please reference activity code on all promotional and course materials. This code will be used on the AMA certificates for designation of continuing education audits.