

HOSPITAL
FOR
**SPECIAL
SURGERY**



HSS CME Application for One-Time Live Activity, Regularly Scheduled Series (RSS) or Enduring Material

Office of Continuing Medical Education
Education Division
www.hss.edu/cme

Revised May 2010

**HSS CME Application for
One-Time Live Activity, Regularly Scheduled Series (RSS)
or Enduring Material**

Office of Continuing Medical Education (OCME)
(Revised May 2010)

A completed application, with attachments, must be received by the Office of Continuing Medical Education (OCME) at least 6 months prior to the activity date for review at the monthly CME Committee meeting. A schedule of submission deadlines is available from the CME office or on [our website](#). Applicants are expected to have read the *HSS Activity Director's Resource Guide* on [our website](#) prior to the preparation of this application and to have participated in the Initial Pre-Planning Meeting with OCME. Completion of all sections of this form is necessary to meet ACCME accreditation requirements.

The CME Office is available to assist you in this process. Please note that no CME activity will be approved retroactively. This CME application and the Guide are available for download at www.hss.edu/cme.

Please note, this form is 'protected' in order to facilitate completion – use the Tab button to move to the next cell.

Section 1 of 5: Activity Description

Activity Information

Title _____

Date _____ Time _____

Additional dates, times, and locations attached

Type of Activity (select all that apply) C5

Live Course (symposium, workshop, conference, etc.) *Agenda must be provided*

RSS Enduring Material (select anticipated medium):
 CD-ROM Internet Monograph Journal Article Other: _____

Is this a repeat activity? Yes No

If yes, name and date of previous activity: _____

C5 The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

Sponsorship

- Directly Sponsored by HSS
- Jointly Sponsored (HSS works with provider(s) not accredited by ACCME or a recognized state accreditor)
List Organization Name(s): _____
- Co-sponsored (HSS works with another ACCME or state-accredited provider)
List Organization Name(s): _____

Note: For fees associated with joint and co-sponsorship, please contact the Office at 212-606-1834. If jointly or co-sponsored (where HSS will provide CME credit), OCME staff will contact the joint sponsor and complete the HSS Joint Sponsorship Letter of Agreement LOA.

Credit Details

- # of AMA PRA Category 1 Credits™ requested _____
- Expected # of registrants _____
- Do you intend to use this activity or its content in another format for CME Credit? Yes No
(If yes, a separate application for CME approval of Enduring Materials must be submitted)
- Will any outside meeting planners or 3rd party educational partners be involved? Yes No
- If Yes, please provide the name of the planners or partners: _____

Section 2 of 5: Activity Directors and Administrative Support

Note: Applications will not be reviewed without the activity director(s)'s and planning committee's disclosure forms attached.

Activity Director

The faculty member who has overall responsibility for planning, developing, implementing and evaluating the content and logistics of the activity.

Name _____

Title _____ Affiliation _____ Department _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Activity Co-Director (optional)

The individual who shares responsibility for planning the activity.

Name _____

Title _____ Affiliation _____ Department _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Independent Clinical Reviewer (if applicable)

If the activity director(s) have ANY financial relationships with commercial interests whose products or services are discussed in the content of the activity, an Independent Clinical Reviewer (ICR), must be designated for this activity. (The ICR must be an expert in the field who is approved by the CME Committee and must be free of financial relationships with commercial interests whose products or services are discussed in the content of the activity.) Both a current CV and faculty disclosure form are required for your ICR.

Name _____
Title _____ Affiliation _____ Department _____
Address _____ City _____ State _____ ZIP _____
Phone _____ Fax _____ Email _____

Activity Coordinator

The individual responsible for the operational and administrative support of the activity; this is usually an administrative or staff assistant in the department of the activity director.

Name _____
Title _____ Affiliation _____ Department _____
Address _____ City _____ State _____ ZIP _____
Phone _____ Fax _____ Email _____

Section 3 of 5: Planning

Planning Committee

In addition to the activity director, co-director, and/or CME coordinator, list the names, degrees, titles, affiliations and emails of persons chiefly responsible for the design and implementation of this activity. Use additional sheets if necessary.

Name _____
Title _____ Affiliation _____ Email _____
Name _____
Title _____ Affiliation _____ Email _____
Name _____
Title _____ Affiliation _____ Email _____
Name _____
Title _____ Affiliation _____ Email _____

Additional planning committee members attached

Planning Process C7

1. Who identified the speakers and topics? Activity Director(s) Planning Committee Members
2. What criteria were used in the selection of speakers (select all that apply)?
 Subject matter expert Excellent teaching skills/effective communicator Experienced in CME
 Other: _____
3. I attest that no employees or representatives of pharmaceutical companies, medical device manufacturers, or other ACCME-defined commercial interests were involved in the identification of planners, speakers, or topics.

Target Audience (select all that apply – at least 1 box from profession, specialty and geographic location must be selected) C4

Profession:

- Primary Care Physicians
- Specialty Physicians
- Athletic Trainers
- Physician Assistants
- Nurse Practitioners
- Rehabilitation Therapists
- Social Workers
- Residents and Fellows
- Medical Students

Specialty:

- Orthopaedics
- Anesthesiology
- Rheumatology
- Radiology
- Emergency Medicine
- Family Medicine
- General Medicine
- Neurology
- Occupational Therapy
- Physiatry

- Physical Therapy
- Pediatrics
- Psychiatry
- Pain
- Other: _____

Geographic Location:

- Local/Regional
- National
- International

Scope of Practice [This activity is designed to help participants in their roles as (check all that apply)] C4

- Clinicians
- Researchers
- Teachers
- Administrators
- Preceptors
- Other (Specify): _____

C7 The provider develops activities/educational interventions independent of commercial interests

C4 The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.

Identification of Practice Gaps, Educational Needs and Learning Objectives Worksheet

At least one of the Educational Needs you identify must be Competence or Performance.

STEP 1 Professional Practice Gaps (C2)	STEP 2 Educational Needs (C3)	STEP 3 Learning Objectives (C3)
What gaps were identified as the foundation of this CME activity?	Indicate whether the underlying educational need for each gap is related to Knowledge and/or Competence and/or Performance <i>(check all that apply/check at least 1)</i>	Activities must be designed to change learner Competence and/or Performance and/or to improve patient health. Relative to each identified gap, what do you expect the learner to do in his/her practice setting as a result of participation in the CME activity?
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance	
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance	
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance	
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance	

Additional gaps and objectives attached

C2 The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

C3 The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

Statement of Need

Write a brief, 2-3 sentence statement summarizing the need for this activity, based on the identified educational needs and learning objectives.

Section 4 of 5: Needs Assessment and Educational Design

Core Competencies (select 1 at minimum)

CME activities must be developed in the context of desirable physician attributes. Please indicate which American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies will be addressed in this activity. **C6**

- Patient Care or Patient-Centered Care:** identify, respect and care about patients' differences, values, preferences and expressed needs; 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.
- 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:** involves investigation and evaluation of 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:** commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.
- System-Based Practice:** actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
- Interdisciplinary Teams:** cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.
- Quality Improvement:** identify errors and hazards in care; understand and implement basic safety design principles such as standardization and implications; continually understand and measure quality of care in terms of structure, process and outcomes in 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.
- 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.

C6 *The provider chooses educational formats for activities/interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).*

Needs Assessment Data and Sources (select 2 at minimum)

Please indicate the sources used to identify the professional practice gaps and the educational needs underlying these gaps. Select all that apply and attach supportive documentation. **C2**

- Previous Participant Evaluation Summaries (required for repeat courses) (knowledge)
- Faculty, Planning Committee and other experts (knowledge)
- New methods of diagnosis or treatment (knowledge)
- Availability of new medication(s) or indications(s) (knowledge)
- Development of new technology (knowledge)
- Literature review (knowledge)
- Data from outside sources, e.g., public health statistics, epidemiological data (knowledge)
- Survey of target audience (knowledge)
- Quality assurance/audit data (competence, performance)
- ACGME/ABMS requirements (physician attributes)
- External requirements such as: National Committee for Quality Assurance (NCQA), Joint Commission or Health Plan Employer Data and Information Set (HEDIS) (competence, performance)
- Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews (competence, performance)
- Specialty society recertification requirements (competence, performance)
- Mortality/morbidity data (performance)
- Legislative, regulatory or organizational changes affecting patient care (knowledge, competence and performance)
- Joint Commission Patient Safety Goal (competence)
- Specialty society guidelines (competence, performance)
- Other: _____

C2 The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

Identified Barriers (Select 1 at minimum)

What potential barriers do you anticipate attendees may have in incorporating new knowledge, competence and/or performance objectives into practice? Select all that apply. **C18, C19**

- | | |
|---|---|
| <input type="checkbox"/> Lack of time to assess/counsel patients | <input type="checkbox"/> Lack of administrative support/resources |
| <input type="checkbox"/> Insurance/reimbursement issues | <input type="checkbox"/> Patient compliance issues |
| <input type="checkbox"/> Lack of consensus on professional guidelines | <input type="checkbox"/> Cost |
| <input type="checkbox"/> No perceived barriers | <input type="checkbox"/> Other: _____ |

Will you try to address any of these identified barriers in this CME activity? Yes No

Please explain: _____

Educational Design/Methodology

The activity should be structured to achieve the stated learning objectives. Please indicate the educational method(s) that will be used to achieve the stated objectives. Select all that apply. **C5**

- | | |
|--|--|
| <input type="checkbox"/> Didactic Lecture (knowledge) | <input type="checkbox"/> Case Presentations (knowledge, competence) |
| <input type="checkbox"/> Panel Discussions (knowledge) | <input type="checkbox"/> Simulation/Skills Lab (competence, performance) |
| <input type="checkbox"/> Roundtable Discussion (knowledge) | <input type="checkbox"/> Journal Club (knowledge) |
| <input type="checkbox"/> Q&A Sessions (knowledge) | <input type="checkbox"/> Workshops (competence, performance) |
| <input type="checkbox"/> Other: _____ | |

Employment of Strategies Other than Formal Education

What “non-educational” strategies could be used to enhance change in your learners as an adjunct to this activity? Examples include patient surveys, patient information packets, email reminders to the learners (e.g., summary points from the lecture, new information), posters throughout the hospital, pocket guides. **C17**

Will you include “non-educational” strategies in order to enhance and reinforce learner change as an adjunct to this activity?

If no, why not? _____

If yes, please explain the strategies that will be included: _____

C18 The provider identifies factors outside the provider's control that impact on patient outcomes

C19 The provider implements educational strategies to remove, overcome or address barriers to physician change.

C5 The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

C17 The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

Evaluation and Outcomes

How will you measure if changes in competence, performance or patient outcomes have occurred? Check all that apply. **C11**

Competence

- Evaluation form for participants eliciting intended application of strategies to practice
 - Customized pre-and post-test (knowledge and/or practice strategies)
 - Case-based exercises during activity
 - Other: _____
-

Performance

- Adherence to guidelines (self-reported)
 - Adherence to guidelines (objective measurement)
 - Chart audits
 - Direct observations in practice setting
 - Customized follow-up survey/interview/focus group about actual change in practice at specified intervals
 - Other: _____
-

Patient/Population Health

- Change in health status measure
 - Change in quality/cost of care
 - Measure mortality and morbidity rates
 - Patient feedback and surveys
 - Other: _____
-

C11 The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

Section 5 of 5: Additional Information

Commercial Support and Exhibits (i.e. support from pharmaceutical and/or medical device companies; other commercial interests)*

- No, will not be seeking commercial support for this activity
- Yes, will be seeking commercial support for this activity
- I have read and agree to abide by the ACCME Standards for Commercial SupportSM of a CME Activity Policy.
- Will vendor/exhibitor tables be solicited for a fee for this activity? Yes No

List sources of support in estimated budget.

External Support (i.e. Non-healthcare related companies and/or foundation, government, individual donors)

Will you be seeking external support? Yes No

List sources of support in estimated budget.

Preliminary Budget

OCME staff will meet with you to discuss the activity, after which staff will develop an activity budget and present it along with the CME application. Please download the Activity Budget Template 2010.xls and use it to help you formulate estimates of expenses and potential sources of income (both commercial support/exhibitors and other external support). The budget template should be included with the CME application.

*The ACCME defines a "commercial interest" as any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. (Revised August 2007)

Faculty/Planner/Reviewer Disclosures

All activity directors, planning committee members and participating faculty must read HSS CME faculty guidelines and submit an HSS-CME Full Disclosure Form prior to participating in the proposed activity. All disclosure forms MUST be attached to your application in order for it to be reviewed. Please note: **Any presenter or other person in a position to control activity content who refuses to complete a disclosure form must be disqualified from planning or presenting at any HSS CME activity.**

OCME will track submission of faculty/planner/reviewer disclosure forms, conflict of interest identification and resolution, and disclosure of relevant financial relationships to learners. Activity Directors are required to work with OCME to successfully complete these processes. Tracking and reconciliation of these processes will be included in the Activity File.

Intellectual Property Policy and HIPAA

In accordance with HSS policies: (i) copyrights arising from educational and related enduring materials developed in any media for CME programs and presentations vest ownership in the author of such materials; (ii) such materials shall be made available on a continuing basis for education and teaching purposes by faculty and academic staff of HSS; and (iii) any use of the names of HSS, or the names of any member of the faculty or staff of HSS or for commercial endorsements, advertising or similar publicity purposes is prohibited without the prior written permission of the HSS Office of CME. The HSS Office of CME is available to assist CME planners and sponsors in the appropriate usage of copyrightable materials in accordance with HSS policies and procedures.

Also, in accordance with HIPAA and privacy law, images of patients should not be used in presentation materials unless a release by the subject or his or her bona fide representative is attached to this application.

Final Activity Report and Financial Agreement with Department/Section

A final CME Activity Report will be provided by OCME staff within 60 days after the activity and will include an evaluation summary, copy of all signed Letter of Agreements for educational grants, exhibitors and in-kind support, as well as a final budget of income and expense. **In accordance with HSS policy, by signing this application below, the Department/Section Chief and Activity Director agree to split evenly any remaining activity expenses (deficit) OR net income on a 50:50 basis with the Education Division.**

Required Attachments

In order for your application to be considered complete, you must submit the **application and attachments** including the following:

1. Signed Full Disclosure Form for Activity Director (and Co-Director)
 2. Signed Full Disclosure Forms for Activity Planning Committee Members
 3. Signed Full Disclosure Forms for all Faculty Presenters
 4. Signed Full Disclosure Form for Independent Clinical Reviewer (if applicable)
 5. Disclosure Management Grid (will be in development at the time of application submission)
 6. Draft Agenda/Educational Program (including full faculty/affiliations, their topics and schedule of their presentations)
 7. Needs Assessment Supporting Documentation
 8. Past Participant Evaluations (if repeat course)
 9. Planning Committee Meeting Minutes/Notes
 10. Activity Budget (to be completed with OCME staff assistance, includes list of prospective commercial supporters.)
 11. Example of Outcomes Evaluation Tool
-

For Jointly or Co-Sponsored Activities

- | | |
|---|--------------------------|
| HSS Joint Sponsorship Letter of Agreement and Rationale for Joint Sponsorship | <input type="checkbox"/> |
| HSS Co-Sponsorship Letter of Agreement and Rationale for Co-Sponsorship | <input type="checkbox"/> |
-

Signatures

The CME Committee reserves the right to send a representative to CME activities in order to evaluate the activity and its content. When a representative attends a CME activity, his/her travel expenses and tuition will need to be paid as part of the cost of the activity. The Committee will notify the Activity Director no later than 30 days in advance of an activity if a representative has been designated to attend who will require reimbursement.

In compliance with our Honoraria and Expense Reimbursement Policy, all expenses must be paid by the HSS Office of Continuing Medical Education.

THIS APPLICATION AND BUDGET HAS BEEN REVIEWED AND APPROVED BY:

ACTIVITY DIRECTOR:

I certify that this application was completed accurately and attest to the validity of the information contained in the application.

Signature

Date

CO-ACTIVITY DIRECTOR: (if applicable)

I certify that this application was completed accurately and attest to the validity of the information contained in the application.

Signature

Date

INDEPENDENT CLINICAL REVIEWER: (if applicable)

I agree to serve as the ICR for this activity and will be in attendance. I have reviewed the overall content for this activity and believe it to be in compliance with ACCME and HSS Policy Guidelines with regard to fair balance, independence, objectivity and scientific rigor.

Signature

Date

HSS DEPARTMENT CHAIR/SECTION CHIEF:

In accordance with HSS policy, by signing this application below, the Department/Section Chief agrees to split evenly any remaining activity expenses (deficit), OR net income on a 50:50 basis with the Education Division.

Signature

Date