

Check one: Chicago Peoria Rockford Urbana

CONTINUING MEDICAL EDUCATION ACTIVITY PROPOSAL

Attachments should indicate the referable section. (e.g., C. Marketing).

ACTIVITY TITLE:

- EPISODIC** __ *Short duration (eg.,1 day); may be repeated more than once during the approval period*
- ONGOING** ____ *Series, (eg., Grand Rounds, M&M)*
- ENDURING MATERIAL** ____ *(eg., internet, CD ROM, podcast, print monograph)*

New ____

OR

Renewal Must include **the complete evaluations and outcomes summaries from the last activity. These data must also be used and referenced in the planning section (A3).**

SPONSORING DEPARTMENT(S):

If another institution or organization is co- or joint sponsoring this activity, list below. Attach a letter of agreement documenting the responsibilities of each organization. (Sample letters of agreement are available from the CME Office.)

Joint or Co-Sponsor:

ACTIVITY DIRECTOR: (The faculty member responsible for the activity.)

Name and faculty rank

Department

Campus Address

Telephone

Email

Please name below the person responsible for revisions:

Administrative Contact

Phone
Email

LOGISTICS:

DURATION/ DATES OF ACTIVITY: (e.g. Ongoing: Mondays 2-3 p.m. for 48 weeks. OR Episodic: May 3, 2005)

LOCATION AND FACILITIES TO BE USED:

CREDITS:

Total number of hours an individual can earn if s/he attends all sessions

For ongoing activities, indicate the number of hours per session.

A. RATIONALE *(Element 2.2)*

- 1. PARTICIPANT NEEDS *(Criterion 2)*:** *A needs assessment is required for all CME activities. This needs assessment identifies the rationale for developing this specific program. How did you identify that there was a physician need or interest for having this activity? A SUMMARY OF THE PROCESS, A COPY OF ANY SURVEY INSTRUMENT, AND THE RESULTS SHOULD BE ATTACHED, MARKED "PARTICIPANT NEEDS." APPLICATIONS WILL NOT BE ACCEPTED WITHOUT COMPLETE PLANNING NOTES AND/OR DOCUMENTATION.*

CHECK APPLICABLE BOXES: (EXAMPLES AVAILABLE IN CME OFFICE)

- Evaluation of previous CME activity identified a need for further information. (attach narrative from evaluation summary)
- There was a formal request from Committee/Department /Outside Institution. (attach memo/letter)
- A new activity/technique/medical issue has been identified about which members should be educated. (attach a description of the activity/technique/medical issue)
- A need was identified through a survey of the prospective audience using questionnaires, interviews, etc. (attach a copy of the survey instrument and also the results/summary of instrument data)
- Quality Assurance/Utilization Review/Morbidity & Mortality data indicated a need for this activity. (attach a summary narrative)
- Informal discussions/perceived need/opinions expressed indicated a need for this activity within dept. (attach a summary of these discussions/opinions)
- A literature review provided evidence for a need for further information and/or presented pertinent clinical advances. (attach a summary of literature review)
- Legal or regulatory requirements (OSHA, JCAHO, EEO, IRB, etc.) prompted need for education on topic. (attach a description of requirements)
- A focus group of physicians identified a need for this activity. (attach a summary of the discussion)
- Attendance figures from previous conferences indicate a need for this activity. (attach a summary of attendance figures)

- Public health priorities present a need for this activity. (attach a description of these priorities)
- DRG/coding data/compliance data indicate a need for this activity. (attach a summary of this data)
- A patient survey and/or clinical or patient care indicators suggest a need for this activity (attach a summary of survey data/indicators)

Other (Please specify and attach documentation)

2. **ACTIVITY PURPOSE:** *This brief statement should reflect the results of your needs assessment for the intended audience. Indicate such things as the activity's anticipated impact on patient care, recent techniques and advances in health care, and other factors that contribute to understanding the purpose of the activity. This exact statement should be included on the flyer or brochure.*

3. **PLANNING** (*Element 2.4; Criteria 13, 14, 15*): *Attach a description of your planning process. Include how the need for your activity was determined, and how topics and speakers were chosen. Planning should reflect the direct impact of your evaluation summary from the previous year, where applicable. Include members of planning committee and the number of times your committee met. Attach minutes if available. **APPLICATIONS WILL NOT BE REVIEWED WITHOUT COMPLETE PLANNING NOTES ATTACHED***

CME Mission Statement (*Essential Area 1, Element 1.1*): The mission of the UIC College of Medicine is to "...enhance the health of the citizens of Illinois through: the education of physicians and biomedical scientists; the advancement of our understanding and knowledge of health and disease; and the provision of healthcare in a setting of education and research." (To review the entire Mission Statement, please visit: www.cme.uic.edu)

Does this program fit within the mission of the CME Department and the mission of the College of Medicine?

- X Target Audience
- X CME Purpose
- X Type of Activity
- X Content Area

General Domains: In keeping with the continuum of medical education from UGME through CME, we want to identify which domain (from the six identified by the ACGME) your education activity will address. Your activity may address more than one domain. That is fine. We want to define the specific knowledge, skills, and attitudes as required by the ACGME and provide educational experiences that encompass these domains:

Which general domains will be addressed? (*Criteria 3, 4*)

- | | |
|---------------------|---|
| X Patient Care | X Systems-based Practice |
| X Medical Knowledge | X Practice-based Learning and Improvement |
| X Professionalism | X Interpersonal and Communications Skills |

B. PARTICIPANTS

1. INTENDED PHYSICIAN PARTICIPANTS: (e.g., Primary Care Physicians)

2. OTHER ANTICIPATED PARTICIPANTS/ATTENDEES: (Please check all that apply)

Other Health Professionals (Specify)

Students (Specify)

Indicate the number of participants the course is designed for:

anticipated attendance

minimum

maximum

C. MARKETING

1. PLAN - Please describe the marketing plan for the activity; how and to whom you will publicize it.

2. ANNOUNCEMENT/BROCHURE - Include a copy of all proposed promotional information, brochures, flyers, or advertisements. (Note: all material must show UIC sponsorship, target audience, specific activity objectives, and acknowledge commercial support. Please consult the Brochure Guidelines.) **THE FINAL BROCHURE MUST BE APPROVED BY THE CME OFFICE. THE AGENDA MUST BE ATTACHED.**

Do you want your activity publicized on the CME website? YES NO

If yes, please list keywords or topics below (eg., medicine, gastroenterology, colonoscopy):

D. CURRICULUM

Complete either **ONGOING** on page 5 or **EPISODIC** on page 7. See definitions below:

ONGOING - Multiple session series e.g., Grand Rounds, Tumor Boards, Morbidity/Mortality, etc.

EPISODIC - A single activity designed for one date or repeated dates

1. ONGOING

Since most ongoing programs do not have topics planned for the whole year, it is essential for the framework of the program to be well described. To accomplish this, the overall objectives of the activity should be defined. The overall objectives must include three components: Time, Scope and Objectives. (See example below).

- Time** *e.g. “Over the next twelve months,”*
- Scope** *e.g. “Patients presenting with uncommon symptoms or presentations of common problems encountered by a specified category of physician, and*
- Objectives** *e.g. “For the topics to be covered the participant will be able to:*
- 1. Correlate clinical diagnosis with pathologic, radiological, and surgical findings,*
 - 2. Discuss the staging and grading of the specific presented tumors,*
 - 3. List the treatment options for specific presented problems, and*
 - 4. Identify the psychosocial aspects, and how they affect treatment.*

Topic-specific objectives for each session do not need to be provided here. However, they do need to be developed as each session is planned. These session objectives should appear on all posted announcements.

For your activity list time, scope, objectives and the relation to teaching methods.

A. TIME:

B. SCOPE:

C. LEARNING OBJECTIVES (*Element 2.3*): *Please list the learning objectives on the lines below. State the activity's objectives in behavioral terms. A list of active verbs is available from the CME office.*

Upon completion of the activity, participants should be able to:

- | |
|---|
| <ol style="list-style-type: none">1.2.3.4. |
|---|

D. RELATE PROGRAM'S ACTIVITIES TO THE LEARNING OBJECTIVES

Please fill out the grid below. For each educational objective, identify the teaching/learning activity which addresses the objective. Use the number of each objective listed above.

OBJECTIVES – use exactly as stated in Section C above	TEACHING METHOD	TIME
<i>EXAMPLE - 1. Discuss the staging and grading of the specific presented tumors</i>	<i>EXAMPLE - Case presentation Expert discussion</i>	<i>EXAMPLE - Entire session</i>

2. EPISODIC/ COURSE

A. LEARNING OBJECTIVES (*Element 2.3*): Please list the learning objectives in the box below. State the activity's objectives in behavioral terms. (See example in grid below) A list of active verbs is available from the CME office.

Upon completion of the activity, participants should be able to:

B. RELATE PROGRAM'S ACTIVITIES (*Content and Format*) TO THE LEARNING OBJECTIVES
Please fill out the grid below. For each educational objective, identify the teaching/learning activity which addresses the objective. Use the number of each objective listed above.

OBJECTIVES—use numbers above	TEACHING METHODS	SESSION NAME
<i>EXAMPLE - 1. Explain advances in GI pathophysiology and disease.</i>	<i>EXAMPLE - Panel discussion Lecture</i>	<i>EXAMPLE - Tuesday morning session Wednesday afternoon session</i>

C. PROGRAM

Enclose an outline, draft or final copy of the agenda including dates, times, types of presentations, (e.g. keynote address, panel discussion, small group, etc.) and names of presenters.

E. EDUCATIONAL METHODS:

Which educational methods will be used? *(Criterion 5)*

- Lecture or Lecture/Question**
Formal prepared presentation or extemporaneous talk by one individual
- Lecture/Discussion**
Short lecture 15-30 minutes with active discussion by those present.
- Case Presentation/Discussion**
Short presentation of one or more cases followed by extended discussion with participants.
- Workshop**
Small group sessions with interactive groups of 8-12 with specific charges to be accomplished. May include short case presentations. May include performance of manipulative skills under supervision.
- Panel Discussion**
2 or more experts addressing individual issues, either with questions from floor or short topics presented by a Moderator.
- Demonstration**
Demonstration of procedure, including use of film, videotape, closed circuit television, and other mechanical aids.
- Bedside rounds, simulated patients or similar observation and discussion of patients.**
Individual study assignments
e.g. research and/or patient records on a specific diagnostic or problem category, and subsequent report to larger group for its consideration and discussion.
- Other methods**

F. FACULTY:

List or attach activity faculty. Include professional degree, institutional affiliation, and present position.

All speakers must provide Disclosure of Interest forms. Disclosure of financial interest must be made to the participants for ALL speakers before their presentations, regardless of whether or not they have anything to disclose.

ACTIVITY DIRECTOR IS RESPONSIBLE FOR REVIEWING DISCLOSURE FORMS TO DETERMINE WHETHER THERE IS CONFLICT OF INTEREST. ALL CONFLICTS MUST BE RESOLVED PRIOR TO THE ACTIVITY AS DESCRIBED IN THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) STANDARDS FOR COMMERCIAL SUPPORT (<http://accme.org> Documents and Forms). DIRECT QUESTIONS TO THE CME OFFICE.

G. BUDGET AND FEES

Please attach any information that will help the CME Committee to understand the budget.

INCOME				EXPENSES	
Registration Fee	\$	X	\$	Honoraria (Itemized by individual below)	\$
Pharmaceutical Grant Support ** Letters of agreement must be sent to the CME office before the activity occurs.			\$	Travel Expenses	\$
					\$
Other External Support				Promotion	
				Development and Printing	\$
Did you include a letter of agreement for each source of external support?			Y N	Mailing	\$
Pharmaceutical Exhibitors			\$	Advertising	\$
			\$	Supplies	
				Instructional/Laboratory Materials	\$
				Copying Expense	\$
Departmental Support			\$	Facilities	\$
Hospital/COM Support			\$	Room Set-up Fee	\$
				Audio-Visual Equipment Charges	\$
Any deficit is the responsibility of the sponsoring department. If this is not the case, please explain below.				Food Service	
				Other Expenditures specify below:	
				CME Administrative Fee*	
** If commercial support is received, letters of agreement must be sent to the CME office for signature <u>before</u> the activity occurs.					
TOTAL INCOME				TOTAL EXPENSES	

* See CME Coordinator for more information.

H. ACTIVITY EVALUATION PLAN: *(Element 2.4, Criteria 11, 12)*

Explain how the activity will be evaluated overall and include a copy of protocols (eg., forms) to be used in the evaluation. All evaluations must include, at a minimum, the five items listed on page 11.

CHECK BOXES FOR ALL TECHNIQUES YOU PLAN TO USE TO EVALUATE THE EFFECTIVENESS OF THIS ACTIVITY IN TERMS OF INDIVIDUAL PHYSICIAN LEARNING.

1. EVALUATION METHODS

- Written Test/Quiz
- Participant Satisfaction Critique
- Participant Activity Evaluation
- Performance/Competency Test
- Skills appraised during activity
- Observer evaluation
- Follow-up- Explain (e.g., postcard, phone survey, chart audit)
- Self reporting follow-up
- Other (Please Specify)

EXPLAIN

2. OUTCOME MEASUREMENT *(Criteria 13, 14, 15)*

We need to determine the long-term impact of CME activities on physician practice. Describe your plan to measure the changes in physician practice and patient care. These behavioral changes should be based on the purpose and objectives of your CME activity as stated in this application.

Examples of methods include analysis of Quality Assurance data, self-report by physicians, chart audit, etc. Follow-up surveys, emails, postcards, or phone calls may be used to determine whether the physician's approach to patient care (or diagnosis, treatment, therapy, prevention etc.) was altered due to the knowledge they gained at the conference and if so, in what way.

Attach a copy of your outcome instrument. If this is a renewal, also attach a summary of the outcome results from last time.

REQUIRED EVALUATION ITEMS

At a minimum, the following five items must be included in the evaluation instrument attached. Examples are given as suggestions and are not meant to be exclusive.

1. Speaker/s evaluation -

eg., Please rate the speaker/s on the following points:

*Timeliness of information, appropriate depth of materials, pace of session, length of session, effective use of time, quality of audio-visuals, quality of handout materials, opportunity to ask questions, **teaching quality**, etc.*

Was speaker content evidence-based, and did it conform to the generally accepted standards of experimental design, data collection and analysis? Yes No

Was any unlabeled use disclosed, if discussed? Yes No

2. Educational methods/objectives evaluation -ie, were the teaching methods appropriate to the learning objectives (list the learning objectives developed on page 4 or 5).

eg., At the end of the session, participants will be able to:

A. Describe clinically relevant information regarding the diagnosis of pre-eclampsia.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Unmet</i>	<i>Minimally met</i>	<i>Mostly met</i>	<i>Completely met</i>

3. Future topics/speakers suggestions -

eg., Please list suggestions for future topics and speakers

4. Usefulness to one's practice or other healthcare activity -

eg., How will today's session impact on your practice?

5. Disclosure of financial interest -

eg., Speakers are required to disclose whether or not they have financial interests which may bias their presentations. Was such disclosure made by each speaker? Yes No

Did you detect any bias toward any commercial interest by the speaker? Yes No

I. EVALUATION SUMMARY

1. EPISODIC/ COURSE EVALUATION SUMMARY

Summaries are due in the CME Office two weeks after the activity takes place

2. ONGOING/ REGULARLY SCHEDULED CONFERENCE EVALUATION SUMMARY

Summaries are due in the CME Office two weeks after the last session takes place. (ie. July 15)

3. FOR RENEWAL ACTIVITIES ONLY

If you have presented this activity before, please include a copy of the evaluation summary. The CME Committee will not consider renewal applications without these materials.

Summaries should include the number of participants, number of physicians, and number of responses. In addition, please provide both a quantitative summary of responses and a narrative summary of suggestions or comments and how they will be used to design future activities.

CONTENT VALIDATION (ACCME Requirement) Applies to all those in control of content, including course director, planning group members, and speakers.)

The UIC College of Medicine expects that all of its CME programs will adhere to the ACCME's content validation value statements. Specifically:

- All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
- The content or format of CME activities and related materials will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
- CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality.
- If your CME educational materials include trade names, trade names from several companies should be used where available, not just trade names from a single company.
- Feedback from learners will be collected to determine the effectiveness of this CME activity through questionnaires or other evaluation mechanisms.
- Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages.

X Please check this box to indicate you have read, understand, and will comply with the Content Validation statements.

Your signature on the following page indicates you agree to comply with the content validation statements.

REQUIRED SIGNATURES

CME Activity TITLE:

DEPARTMENT

ACTIVITY DIRECTOR
(Type Name)

SIGNATURE
(Faculty Member Responsible for Program)

DATE

The signature of the Department Head indicates endorsement of this CME activity and its content.

**HEAD OF SPONSORING
DEPARTMENT AT UIC**
(Type Name)

SIGNATURE

DATE

**CHAIR--SITE
COMMITTEE ON CME**
(Type Name)

SIGNATURE

DATE

**CHAIR-COLLEGE
COMMITTEE ON CME**
(Type Name)

SIGNATURE

DATE

Approved

Disapproved

**SENIOR ASSOCIATE
DEAN FOR EDUCATIONAL
AFFAIRS**

SIGNATURE

DATE

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