ACTIVITY TITLE: ________________________________________________________________

DATE(S): ___________________ TIME: _______________ LOCATION: ____________________________

One-time Live Activity _____ OR Regularly Scheduled Series _____ # of credits requested: _____

Activity Medical Director: ___________________________________________________________

Name/Credentials ___________________________________________________________

Telephone or email ___________________________________________________________

Activity Coordinator: ___________________________________________________________

Name/Credentials ___________________________________________________________

Telephone or email ___________________________________________________________

Address: _____________________________________________________________________

Street/PO Box __________________________________ City __________________ State _____ Zip

Planning Committee In addition to the activity medical director, 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. Note: all individuals listed will be required to complete a CME disclosure.

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<td>Title</td>
<td>Affiliation</td>
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☐ Additional planning committee members attached

Planning Process C7

1. Who identified the speakers and topics: ☐ Activity Medical Director, ☐ Activity Co-Director, ☐ CME Associate, ☐ Other (provide names):

   _________________________________________________________________

2. What criteria were used in the selection of speakers (select all that apply)?

   ☐ Subject matter expert  ☐ Excellent teaching skills/effective communicator  ☐ Other: _________________________________________________________________

3. Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics?  ☐ No  ☐ Yes, please explain:

   _________________________________________________________________
1. **NEEDS ASSESSMENT:** How do you know this education is needed? Cite data indicating a practice/knowledge gap, or source of new information needed by participants; i.e., readmission statistics or new guidelines from CDC. **Attached documentation.**

2. **LEARNING OBJECTIVES:** Objectives must state what participants should be able to accomplish at the conclusion of the activity. Example: “Cite the established protocol for removal of urinary catheters.” *(Attach additional objectives as necessary)*

   1. ........................................................................................................
   2. ........................................................................................................
   3. ........................................................................................................

3. **TARGET AUDIENCE:**

4. **FORMAT:**
   - Live Educational Program (class)
   - Other: *(please specify)*

5. **EDUCATIONAL METHODOLOGY:**
   - Lecture
   - Panel Discussion
   - Simulation/Skills Lab
   - Case Presentations
   - Roundtable Discussion
   - Q & A Session
   - Other: ________________________________

6. **FORMAT/DESIGN RATIONALE** *(ACCME C4,C5)*

   Please provide a rationale as to why the suggested activity format and the activity methodology are the best possible method for teaching the listed objectives and desired results.

   *Check all that apply.*

   - Most appropriate to meet course objectives
   - Consistent with learning preferences of the target audience(s)
   - Concentration of appropriate target audience
   - Based on skills and preferences of the faculty
   - Share research and practice recommendations with practitioners
   - Facilitate discussion among participants about overcoming barriers to implementation of new diagnostic/treatment strategies
   - Apply knowledge to specific practice-related situations
   - Practice specific skills and receive feedback
   - Reinforce most appropriate practice behaviors consistent with best practice
   - Facilitate interactions between and among participants and faculty
   - Facilitate interaction among multidisciplinary audiences (e.g., MDs, nurses, etc.)
   - Other (please describe): ________________________________

   ![Signature]
7. EXPERIENCE LEVEL & SCOPE

A. The audience scope of practice should be:
   _____ Hospital Staff  _____ Private Practice  _____ Administration  _____ Other: _______________________

B. Anticipated number of learners: ______

C. If applicable, please describe any prerequisite knowledge or skills needed for participation in this activity:

8. CORE COMPETENCIES

   Please indicate 1 or more American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies that 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 decisions 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.
10. ACTIVITY DESIGN *(Please be sure all requested materials are attached)*
*Attach a proposed agenda with suggested presentation title(s). *(Agenda not needed for 1-hour programs.)*
*Attach the name(s) of faculty, their credentials and affiliations (curriculum vita).
*Attach a signed Disclosure of Conflict of Interest for each faculty member. *(See Definitions following page)*
*Attach a proposed budget including estimated expenses and sources of revenue (grants, registration, etc.)
*Attach a copy of a proposed evaluation form. *(optional; CME Coordinator will design an evaluation for you)*
*Attach a copy of proposed Certificate of Participation, if applicable. *(1/2-day and full-day conferences only)*
*Attach draft copies of any publicity materials, or describe how the event will be publicized:

________________________________________________________________________________________
________________________________________________________________________________________

NOTE: You may not mention CME in any advertising/save-the-date prior to approval by the CHN CME Committee.

11. EVALUATION AND OUTCOMES
What type(s) of evaluation method(s) will you use to know if the activity was effective in achieving the goal to change learners’ competence, performance or patient outcomes? Check at least 2 evaluation methods.

☐ Post-activity Evaluation *(measures learner satisfaction that needs were met)* - **required for lecture programs**
☐ Pre Test; Post Test *(measures immediate learning and assesses competence)*
☐ Customized Post Test *(measures transfer of knowledge & changes in competence)*
☐ Case discussions or vignettes *(measures application of knowledge to practice, or competence)*
☐ Customized 6-mo. Follow-up Survey/Interview about actual changes in practice
☐ Practice Data Registries *(self reported or measured—measures performance and/or patient outcomes)*
☐ Hospital scorecards, morbidity/mortality figures *(measures performance and/or patient outcomes)*
☐ Other (please describe): __________________________________________

12. COMMERCIAL SUPPORT

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<td>Will this activity receive commercial support (financial or in-kind grants or donations) Note, exhibit fees are not considered commercial support.</td>
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<tr>
<td>☐ No</td>
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<td>☐ Yes –</td>
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<td>☐ I have read the CHN Policy for Commercial Support of CME and hereby agree to abide by it.</td>
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Signature __________________________ Name __________________________ Date __________

This proposal will be presented to the Continuing Medical Education Committee for approval. **Please allow 14 days for Committee action.** No mention of CME can be made in the advertising/save-the-date until approved.

If you have questions or need assistance in completing this proposal, call the St. Mary’s Medical Library at 872-4974 or the St. Joseph’s Medical Library at 873-3925, or e-mail mbureau@carondelet.org

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As a sponsor accredited by the Arizona Medical Association (ArMA), Carondelet Health Network must ensure balance, independence, objectivity and scientific rigor in all its individually or jointly sponsored educational activities. All presenters for a sponsored activity must disclose to the activity audience any significant financial interest or other relationships with any commercial supporters of the activity. The intent of this disclosure is not to prevent faculty with a significant financial or other relationship from presenting, but to provide listeners the information to form their own judgments. It is for the audience to decide if the speaker’s interest or relationships may affect the presentation in regard to exposition or conclusion.

**Glossary of Terms**

**Commercial Interest**
The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. For more information, visit [www.accme.org](http://www.accme.org).

**Financial relationships**
Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

**Relevant financial relationships**
ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**Conflict of Interest**
Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

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FOR CONTINUING MEDICAL EDUCATION COMMITTEE USE ONLY

_______Approval

_______Credits in Category 1

_______Approval pending submission of the following:

_______Denied/Comments:

CMTE DATE________

CMTE MEMBER________________