

EXAMPLE
Continuing Medical Education
CME Proposal/Planning Form

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| The following information must be completed and submitted to the CME Committee at least 3 months prior to the proposed offering date. | |
| General CME Activity Information | |
| Who is requesting this offering: | Organization: Contact Person: Mailing Address: Telephone: Email Address: |
| Date request is being made: | 2017 |
| Title of CME Activity: | Lung Multidisciplinary Care Meeting |
| Proposed Date, Time, and Location: | |
| CME Credit requested: | ___1___ <i>AMA PRA Category 1 Credit(s)[™]</i> |
| Intended Presenter(s): | Outside Facilitator with Physician Leadership (depending on clinical topic area) |
| Type of Sponsorship | <input type="checkbox"/> Direct Sponsorship. ORGANIZATION is the exclusive host of the activity, or is working with other organizations that are acting as educational partners, but maintains all control over content development and presentation. <input type="checkbox"/> Co-Sponsorship. ORGANIZATION provides the activity with another organization accredited by the LSMS or ACCME and takes responsibility for compliance with accreditation criteria. Name of co-sponsor: <input checked="" type="checkbox"/> Joint Sponsorship. ORGANIZATION sponsors this activity with another organization <i>not</i> accredited by the LSMS or A CME. Name of joint sponsor: |
| Educational Methodology and Format (ACCME Criterion 5) | |
| Type of CME Activity: | <input type="checkbox"/> Live activity, single offering <input checked="" type="checkbox"/> Live activity, multiple offerings <input checked="" type="checkbox"/> Seminar or Regularly Scheduled Conference <input type="checkbox"/> Audio Conference/ Teleconference <input type="checkbox"/> Webinar <input type="checkbox"/> Other: <input type="checkbox"/> Enduring material <input type="checkbox"/> Print-based enduring material <input type="checkbox"/> CD/DVD <input type="checkbox"/> Internet enduring material <input type="checkbox"/> Performance Improvement CME activity <input type="checkbox"/> Journal CME <input type="checkbox"/> Manuscript Review <input type="checkbox"/> Internet Point of Care activity |
| Based on the setting, objectives and expected | EXAMPLE: A live activity with didactic sessions followed by role-playing scenarios was chosen in order to help participants define the smoking cessation guidelines and develop |

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| <p>results of this activity, please explain why this particular educational format was chosen:</p> <p>An activity's educational methodology and format should facilitate achieving the activity's expected results.</p> | <p>strategies on counseling patients on smoking cessation.</p> <p>A multidisciplinary group of physicians meeting regularly to discuss quality improvement activities (treatment guidelines, clinical process improvements, supportive care needs, etc.) was chosen to facilitate multidisciplinary discussions and get the perspectives of all specialties involved in cancer care.</p> |
| <p>Topics to be included and/or a brief overview of the CME activity:</p> | <p>Below are specific examples, but activities are not limited to these activities:</p> <ul style="list-style-type: none"> • Review and discussion of national workup, treatment, and surveillance guidelines. • Review and discussion of care continuum – patient navigation, palliative care, survivorship, clinical research. • Review and discussion of recent literature around such topics as lung cancer screening, feeding tube education, etc. • Quarterly quality measurement tracking system developed by the physicians and implemented by the staff. • Development of patient education materials. • Development of standard physician therapy protocol. |
| <p>Target Audience and Scope of Practice (ACCME Criterion 4)</p> | |
| <p>Intended Physician Audience:</p> | <p>Physicians – thoracic surgery, medical oncology, radiation oncology, general surgery, pathology, radiology, pulmonology, interventional radiology, etc.</p> |
| <p>Other than Physicians, list who else might be part of this activity's Intended Audience:</p> | <p>Staff – genetics, patient navigation, survivorship, nutrition, speech therapy, palliative care, clinical research, etc.</p> |
| <p>Describe how the content of this activity will apply to the physician learner's scope of practice (i.e., their patient demographics, clinical specialty, what they do in their daily practice):</p> | <p>The intent of these meetings is to bring forward clinical focus areas and discuss appropriate improvements. Physicians can use this focus to discuss problems they see with delivering the most efficient and effective patient care ... which benefits the individual physician practices and the hospital and cancer center's care delivery system overall. These quality improvements are implemented quickly and measured for effectiveness.</p> |
| <p>Identification of Physician Practice Gaps (ACCME Criteria 2, 3, 4, 5 and 6)</p> | |
| <p>Please select the physician practice gap(s) that were identified that determine the need or reasoning for this educational offering.</p> | <p><input checked="" type="checkbox"/> Physician Knowledge</p> <p><input checked="" type="checkbox"/> Physician Competence</p> <p><input checked="" type="checkbox"/> Physician Performance</p> <p>Explain: All areas are addressed. The sessions are designed to communicate and expand physician knowledge, competence, and performance, but all sessions are physician-led relative to content and priorities.</p> |

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| <p>Describe how the physician practice gap or need for conducting this CME Activity was identified. (Include documentation to support how you determined the educational need)</p> <p>Example sources for the need can derive from Quality Assurance Data, Committee Minutes, Journal Articles, Emails, Online Resources, etc.</p> | <p>Development of multidisciplinary care teams around specific disease sites has been a national movement over the past few years. As recent advances in diagnosis, treatment, and patient follow up arise, a venue was needed to disseminate and discuss the information. Additionally, physicians wanted to be more involved in quality improvement activities and these types of meetings have provided them with the opportunity to do so. Sources used to provide meeting content include – peer review publications, national program trends, Cancer Committee priorities, etc.</p> |
| <p>Desirable Physician Attributes/Competencies (ACCME Criterion 6)</p> | |
| <p>Based on the identified gaps and the learning objectives, which desirable physician attributes does this educational offering intend to address?</p> <p>Educational activities must be developed within the context of desirable physician attributes or competencies. Both the Accreditation Council for Graduate Medical Education and the Institute of Medicine have developed competencies that describe the behaviors that every physician should incorporate into the skill set.</p> <p>Example 1: <input checked="" type="checkbox"/> Medical Knowledge:</p> <p>Explain How: <i>This activity is intended not only to help learners demonstrate knowledge about clinical guidelines regarding smoking cessation, but also provide strategies for counseling patients on smoking cessation. The activity helps learners utilize clinical reasoning to adapt decision making to individual patients' situation.</i></p> | <p><input checked="" type="checkbox"/> Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Explain how: Patient care topic areas are key agenda items during every meeting – for example, the lung cancer team has increased referrals to patient navigation services.</p> <p><input checked="" type="checkbox"/> 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. Explain how: The use of peer-reviewed publications guides physician discussion around topics such as lung screening, changes in chemotherapy regimens, etc.</p> <p><input checked="" type="checkbox"/> Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. Explain how: Physicians are asked to bring all decisions around treatment guidelines and patient care back to their physician practice for implementation among the entire group.</p> <p><input type="checkbox"/> Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals. Explain how:</p> <p><input type="checkbox"/> Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Explain how:</p> <p><input checked="" type="checkbox"/> Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value. Explain how: National healthcare trends are discussed and the applicability to local care is interwoven into the conversation. Physicians are provided with a venue to link themselves more strongly to both the hospital and the cancer center.</p> <p><input checked="" type="checkbox"/> Interdisciplinary Teamwork so that physicians may cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. Explain how: Interdisciplinary (multidisciplinary) teamwork is the</p> |

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| <p>Example 2: <input checked="" type="checkbox"/> Interpersonal & Communication Skills :</p> <p>Explain How: <i>This activity is intended help learners identify caring and respectful behaviors when counseling smoking patients; use effective listening and interviewing skills, with sensitivity to subtle or nonverbal cues; and develop techniques to counsel and educate patients regarding smoking cessation.</i></p> | <p>foundation of each of these teams. All discussions / decisions are made by a group of physicians representing the multiple stops that a cancer patient makes along their care continuum.</p> <p><input checked="" type="checkbox"/> Evidence-Based Practice so that physicians may integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible. Explain how: All information discussed and all topics addressed are based upon evidence – NCCN clinical practice guidelines, New England Journal of Medicine articles, etc.</p> <p><input checked="" type="checkbox"/> Quality Improvement so that physicians may identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care, with the objective of improving quality. Explain how: Each Team address quality improvement during every meeting – How do we improve timeliness of care? How do we increase the number of patients being screening for clinical trial eligibility? How do we increase the number of patients being screened for cancer? A quarterly dashboard was also created to track similar measures.</p> <p><input type="checkbox"/> Informatics so that physicians may communicate, manage knowledge, mitigate error, and support decision-making using information technology. Explain how:</p> |
| Expected Results (ACCME Criterion 5) | |
| <p>Desired Outcome: (What are you trying to change as a result of this educational offering?)</p> <p>Example:</p> <p><i>This activity has two expected results, both of which address a change in performance: (1) To increase the percentage of physicians who record smoking history in patient charts; and (2) To increase the number of physicians who counsel patients who smoke on cessation methods.</i></p> | <p><input checked="" type="checkbox"/> Physician Knowledge/Competence Defined by the ACCME as “strategy; an ability that has not yet been put into practice.” Activities designed to change competence are intended to transfer knowledge and must include strategies to translate knowledge into practice.</p> <p><input checked="" type="checkbox"/> Physician Performance Defined by the ACCME as “what one actually does in practice; skills, abilities and strategies implemented in practice.” When activities are designed to change performance, the change must be measured and documented.</p> <p><input checked="" type="checkbox"/> Patient Outcomes Defined by the ACCME as “how patients are affected; may include health status, delivery of care, patient perceptions and patient experience.” When activities are designed to change patient outcomes, the change must be measured and documented.</p> <p>Explain your Expected Results of this CME Activity: The expected outcome involves a multidisciplinary group of physicians working together to improve clinical processes; to quickly integrate change; to develop a more efficient and effective care delivery system for cancer patients; and to share ideas and thoughts around continual quality improvement.</p> |
| Learning Objectives (ACCME Criterion 5) | |
| Learning Objectives to be met | <ul style="list-style-type: none"> • To establish clinical practices across all specialties that |

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| <p>during this offering:</p> <p>Based on the gap(s) that have been identified, learning objectives should be developed to define the expected change in terms of competence, performance and/or patient outcomes. Good objectives guide activity managers, planning committees and principal faculty in their development of an activity, inform participants of what the activity will accomplish (i.e., what a physician learner should expect to do or achieve as a result of participating in the activity), and create the basis for an activity's evaluation. Objectives should be specific and contain action verbs.</p> | <p>are consistent and in compliance with NCCN Clinical Practice Guidelines.</p> <ul style="list-style-type: none"> • To develop patient process mapping aimed at ensuring the most effective and cooperative use of multidisciplinary time and resources in the diagnosis and treatment of lung cancer patients. • To develop a navigation process that creates a comprehensive, patient-centered approach to the diagnosis and treatment of lung cancer across multiple physician specialties and hospital based services. • To determine the current utilization of Cancer Center services for patients diagnosed with lung cancer within the identified service market and create strategies to increase service utilization. • To coordinate and monitor all lung cancer screening programs to ensure optimal community utilization and outcomes. • To establish and monitor quality and performance indicators associated with the diagnosis and treatment of lung cancer patients to ensure the effectiveness of programmatic outcomes. • To identify and implement clinical trial research specific to the lung cancer patient population. |
| Activity Evaluation (ACCME Criteria 11-12) | |
| <p>Intended Evaluation Method:</p> <p>In order to determine whether the identified gap(s) has/have been closed, the CME activity must be evaluated. At a minimum, an activity evaluation must include the following components:</p> <ul style="list-style-type: none"> • Evaluation of the activity's success in meeting each learning objective. • A physician learner's assessment of their change in competence or performance (i.e., what they will do differently in the care of their patients as a result of participating in the activity). • A physician learner's assessment of perception of commercial bias in activities with clinical or therapeutic content. • An opportunity for the physician learner to provide an overall rating of the activity. | <p>Short Term Evaluation Strategies</p> <p><input type="checkbox"/> Case-based pre and posttests related to an activity's expected results.</p> <p><input checked="" type="checkbox"/> Other (Please Explain)</p> <p>Evaluation completed by each physician participant</p> <hr/> <p>Long Term Evaluation Strategies</p> <p><input type="checkbox"/> Follow-up surveys regarding implementation of strategies or what the learners are doing differently in their practice</p> <p><input type="checkbox"/> Learner change in behavior, documented by data that measures behavior both before and after an activity.</p> <p><input checked="" type="checkbox"/> Impact on individual patients, measured by outcomes data.</p> <p><input checked="" type="checkbox"/> Other (Please Explain)</p> <p>Overall Annual evaluation of outcomes and measurable goals</p> <hr/> <p>No Evaluation Method Chosen</p> <p><input type="checkbox"/> No long-term or short-term evaluation strategies will be used for this activity.</p> |
| Educational Activity Planners (ACCME Criterion 7) | |

| List <u>everyone</u> who is involved in the planning, writing, or approving of course content and objectives. Example: Faculty, author, content reviewer, CME Committee member, Coordinator, etc. | Name | Title/Institution | Role in Planning | Honoraria Paid? Amount? |
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Disclosure of Relevant Financial Relationships (AC CME Criteria 7)

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| <p>Does this activity include content that is clinical or therapeutic in nature?</p> <ul style="list-style-type: none"> <i>Disclosure Forms need to be completed by any persons listed above prior to participating in the planning process and must be submitted with this planning form.</i> <i>Failure to complete a Disclosure Form prior to the start of your educational offering will prohibit a planning committee or faculty member from participating in an activity.</i> | <p><input checked="" type="checkbox"/> No If a CME activity does not include content that is clinical or therapeutic in nature, then by ACCME’s definition there is no potential for a planning committee or principal faculty member to have a conflict of interest. This disclosure statement still must be made to learners prior to the beginning of the educational activity: <i>“The content of this activity does not relate to any product of a commercial interest as defined by the ACCME; therefore, there are no relevant financial relationships to disclose.”</i></p> <p><input type="checkbox"/> Yes When a CME activity includes clinical or therapeutic content, all relevant financial relationships must be disclosed to the provider and learners prior to the start of the educational offering.. Note that only financial relationships with commercial interests as defined by the ACCME need to be disclosed. The ACCME defines a commercial interest as “any organization producing, marketing, reselling, or distributing healthcare goods or services consumed by, or used on, patients.” The ACCME does not consider providers of clinical service directly to patients (e.g., hospitals) to be commercial interests. Use the required printed disclosure language for activities with clinical content in all program materials. Disclosure must be printed in program materials and provided to participants prior to the beginning of an activity either written or verbally. This disclosure statement must be made to learners prior to the beginning of the educational activity: <i>“<u>Speaker Name</u> disclosed that he/she (<u>nature of financial relationship</u>). His presentation will include discussion of _____.”</i></p> |
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| <p align="center">Types of Relationships that Need to be Disclosed</p> | <p align="center">Types of Relationships that Do Not Need to be Disclosed</p> |
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| <p>Full-time or part-time employee, independent contractor, consultant, research or other grant recipient, paid speaker or teacher, planning or advisory committee or review panels, ownership interest (product royalty/licensing fees, owning stocks, etc.) or any other financial relationship with the following:</p> <ul style="list-style-type: none"> • Pharmaceutical companies • Medical device companies • Biotech companies <p>This applies to relationships within the past 12 months as well as to relationships of spouses/partners.</p> | <p>Relationships with organizations that fall outside of the ACCME's definition of a commercial interest, including:</p> <ul style="list-style-type: none"> • Liability insurance providers • Health insurance providers • Group medical practices • Hospitals (for-profit and not-for-profit) • Rehabilitation centers (for-profit and not-for-profit) • Nursing homes (for-profit and not-for-profit) • Manufacturers of electronic health records • Relationships with government or other health agencies or associations |
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Identification and Resolution of Conflicts of Interest (ACCME C7)

| <p>List any planning committee or principal faculty members who have disclosed potential conflicts of interest, indicate the potential conflict(s) of interest disclosed and explain how the potential conflict(s) have been resolved:</p> <p><input checked="" type="checkbox"/> No conflicts of interest were identified in the planning process.</p> | Name | Conflict of Interest | How Conflict was Resolved |
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A conflict of interest occurs when a planning committee or principal faculty member has both a current financial relationship with a commercial interest and the opportunity to influence content related to products or services of that commercial interest.

Acceptable mechanisms for resolving conflicts of interest include:

- Peer review of slides, content draft, etc. by independent content reviewers **without any conflicts of interest.**
- Submission of presentations to staff for review and revision (if needed) prior to activity's start or release date.

Funding of CME Activity (ACCME Criteria 7 and 8)

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| <p>Please describe how funding for this activity is being provided:</p> <p>As the provider of CME, you must be able to account for how <u>all funds</u> were used. Supporting funds from commercial supporters (not including exhibit fees) must be provided in the form of an</p> | <p>Has commercial support been received or will commercial support be solicited for this activity?</p> <p><input checked="" type="checkbox"/> No If no commercial support is being received, how is this activity being funded? Please describe. Facilitation of the meetings is funded by both STPH and MPBCC. Very small administrative costs such as food, copying, office supplies provided by STPH and MBPCC</p> <p><input type="checkbox"/> Yes</p> |
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| <p>educational grant. A signed Letter of Agreement (LOA) between the accredited CME provider, and the commercial supporter is required prior to receiving commercial support, and must be attached to this planning form. If the activity involves a third party educational partner, the LOA must include the commercial supporter and the accredited provider.</p> | <p>List the agency or commercial interest(s) providing the financial support:</p> <p>Please Note: For any Commercial Support, a signed Letter of Agreement, Copies of Payments, and a Detailed Expense Budget Worksheet for each must be provided to the accredited provider.</p> |
| <p>Exhibits/Advertising (ACCME Standards for Commercial Support)</p> | |
| <p>Will there be exhibits or advertising as part of this activity?</p> | <p><input type="checkbox"/> YES. If yes, please consult with _____ to discuss the arrangement of exhibitor booths.</p> <p><input checked="" type="checkbox"/> NO</p> |
| <p>Identifying Supplemental Tools as an Adjunct to a CME Activity (ACCME Criterion 17)</p> | |
| <p>Supplemental tools are strategies used in adjunct to a CME activity to help ensure that expected results are achieved. Some examples of such materials include:</p> <ul style="list-style-type: none"> • Wallet Cards • Blast Email Reminders • Posters placed in the office or patient rooms • Patient Education Materials • Checklists • Organizational Communications | <p>Will any supplemental tools be used as an adjunct to this CME activity?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If “yes,” please describe what will be used and attach a copy of the example material:</p> <p>Email reminders, handouts, presentation slides, education materials.</p> |
| <p>Identifying and Addressing Barriers (ACCME Criteria 18, 19)</p> | |
| <p>Often, even with a well-planned activity, there may be barriers which impact a physician’s ability to achieve an activity’s expected results. Planners are asked to consider what barriers might exist and identify strategies that will help physicians address or overcome these</p> | <p>EXAMPLE:</p> <p>One barrier to achieving this activity’s expected results includes a lack of a documentation mechanism to capture patient smoking history. Another barrier is that physicians have indicated that they won’t counsel patients because of the perception that it doesn’t work. There is also a cultural diversity regarding acceptance of smoking among the target audience’s patient population</p> <ul style="list-style-type: none"> • Physicians fear that the hospital and/or cancer center will not implement the recommendations that arise from this team. |

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| <p>barriers. These barriers can be internal to the physician (e.g., what they can't do or won't do) and/or imposed on physicians.</p> <p>It is understood that payment issues, time constraints and limited resources are barriers that all physician learners encounter.</p> <p>For this activity, what other potential barriers – either real or perceived – that may prevent physicians from achieving the expected results.</p> | <ul style="list-style-type: none"> • Physician participants are from private practice AND employed environments, which can create unique situations (under some instances). • The time commitment is significant so it is difficult to get 100% physician engagement. But, for the most part, we have been getting representation at each meeting from key specialties (thus far). |
| <p>What strategies will this activity incorporate to address or overcome the barriers mentioned above?</p> | <ul style="list-style-type: none"> • Regular physician communication regarding meeting times and locations. • Relationship building with physicians and their staff. • Communication of each Team's accomplishments and activities in order to promote ORGANIZATION's high standard of care. |
| <p>Identifying Educational Partners (ACCME Criterion 20)</p> | |
| <p>The effectiveness of some activities may be enhanced by identifying educational partners that may help achieve an activity's expected results. List any other departments/divisions <u>within your organization</u> that are collaborating in the planning of this activity, as well as the role that department/division is playing:</p> | <ul style="list-style-type: none"> • ORGANIZATION's STPH physicians • Surgical Service Line • Pathologist • Private practice physician groups • Allied Health |
| <p>List any <u>external</u> organizations with which your organization is currently collaborating in the planning of this activity, as well as the role that each organization is playing:</p> | |
| <p>Additional Comments or Explanations.</p> | |

This section to be completed by LSMS ERF

All information pertaining to the planning of this CME activity such as activity announcement information, slides, disclosure forms, course content and objectives, speaker information, etc. has been reviewed by LSMS's ERF CME Committee.

Date of Review _____

(Attach any documentation such as committee minutes or emails that verify discussion, review and approval of this CME activity occurred)

Approved by CME Committee Chair:

CME Committee Chair

Date of Approval