

**CME PLANNING REQUEST**

**FOR**

**RSS ACTIVITY**

SAMPLE



### CME Activity Planning Request

Request for Continuing Medical Education (CME) Credit  
To be completed by CME Planner(s)

Return the completed form and supporting documentation at least 90 days prior to the conference.

Date: 4/27/16

Date Submitted: \_\_\_\_\_

<b>Activity Title:</b> Pulmonary Community Chest Conference	
<b>Type of Activity:</b>	<input type="checkbox"/> One Time Activity <input checked="" type="checkbox"/> Repeat Activity <input type="checkbox"/> Other _____
<b>Speaker(s):</b> Pulmonary Fellows and Residents, names TBA prior to each activity	
<b>Activity Date(s):</b> Thursdays, every 4 weeks, from 1/7/16 through 12/29/16 <i>7x MO.</i>	
<b>Contact/Planner Name:</b> Dr. Amit Gohil	<b>Phone:</b> 885-7622

Total **AMA PRA Category 1 Credit™** Requested: \_\_\_\_\_

#### FINANCIAL INFORMATION/COMMERCIAL SUPPORT (Criteria 8-10)

- Directly Sponsored Activity (VMC)**  
If planning on conducting this activity in conjunction with other organizations, indicate type below:
- Joint Providership Activity (activity between VMC and one non-accredited organization)**  
VMC is responsible for compliance with all criteria and policies. NAME: \_\_\_\_\_
- Documentation of revenue and expenses. (attached to Planning Request)**

**Commercial Support** is financial, or in-kind, contributions given by a commercial interest which is used to pay all or part of the costs of a CME activity. When there is commercial support there must be a written agreement that is signed by the commercial interest and the accredited provider prior to the activity taking place. Attach the signed agreement when submitting this request.

**Will this activity receive commercial support?**

- NO     Yes *Name of company for unrestricted grant:* \_\_\_\_\_

**NOTE:** Arrangement for commercial support or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

**Commercial Exhibits and Advertisements:** Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support. However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities. A signed agreement is required.

**Will this activity receive Commercial Exhibit and Advertisement Income?**

- NO     YES    if yes, NAME: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_



**Program Review and Approval**

This series is submitted for CME credit review by the Department of SCVMC, for review and full compliance with the IMQ/CMA accreditation requirements, SCVMC policies.

Activity Chair Signature	Amit Gohil, MD (PRINT NAME)	Medicine/Pulmonary Department	Date 5/3/16
Department CME Member Representative Signature:	Shally Garg, MD (PRINT NAME & SIGN)		Date 5/3/16
Department CME Member Representative Signature:	Kevin Ku, MD (PRINT NAME & SIGN)		Date 5/3/16
SCVMC Chair or Division Chief	Carl M. Kirsch MD (PRINT NAME & SIGN)		Date 5/12/16

CME Committee Chair Approval: Anita Sit, M.D. MPH Committee Date

CME Dept. Use Only	Date Completed Request Submitted:				
<b>Disclosure (Criterion 7)</b>					
<i>A completed and signed disclosure form is required for each planner and each presenter, author or other person who can influence the content of the activity. The results of this process must be disclosed to the learner prior to or at the start of the activity. Include the attached individual completed and signed disclosures for each.</i>					
Planner	County Employee? *YES _____ NO _____	Date Disclosure Received/ Reviewed	Any Financial Relation with Commercial Interest?	Any Potential Conflict of Interest? (COI)	If Yes, describe COI and How it Was Resolved
Virginia Chen, MD	County Employee? YES* Honorarium Received? NO	4/28/16	NO	NO	
Allison Friedenber, MD	County Employee? YES* Honorarium Received? NO	4/28/16	NO	NO	
Amit Gohil, MD	County Employee? YES* Honorarium Received? NO	4/28/16	NO	NO	
Eric Hsiao, MD	County Employee? YES* Honorarium Received? NO	4/28/16	NO	NO	
Carl Kirsch, MD	County Employee? YES* Honorarium Received? NO	4/28/16	NO	NO	
Vibha Mohindra, MD	County Employee? YES* Honorarium Received? NO	4/28/16	NO	NO	
John Wehner, MD	County Employee? YES* Honorarium Received? NO	4/28/16	NO	NO	



<b>Planner</b>	County Employee? *YES _____ NO _____	Date Disclosure Received/ Reviewed	Any Financial Relation with Commercial Interest?	Any Potential Conflict of Interest? (COI)	If Yes, describe COI and How it Was Resolved
Amy Bodine, MAA I	County Employee? YES* Honorarium Received? NO	4/28/16	NO	NO	
<b>Presenter</b>					
Katrina Lam, MD	County Employee? NO Honorarium Received? NO		NO	NO	
Halley Tsai, MD	County Employee? NO Honorarium Received? NO		NO	NO	
Kellie Young, MD	County Employee? NO Honorarium Received? NO		NO	NO	
Husham Sharifi, MD	County Employee? NO Honorarium Received? NO		NO	NO	
William Auyeung, MD	County Employee? NO Honorarium Received? NO		NO	NO	
<p><b>*Refer to Policy VMC #154.03 -</b>            Note: No Santa Clara County employee may be paid honoraria, travel, lodging, registration fees or personal expenses from Commercial Support sources, Commercial Interests, the VMC Foundation, or any other third party.</p> <p>Any outside speakers receiving honorarium exceeding \$1,000.00 will require SCMVC CME Committee and approval by the MS President.</p>					
<b>Disclosure to the Audience</b>					
Describe the method to be used to disclose to audience, if any, and <b>attach</b> the documentation of disclosure. (e.g., slides at beginning, flyers, brochures)  A slide in the speaker's PowerPoint presentation, and verbal statements at beginning of presentations.					
Who Identified the Speaker(s) and Topic(s)  Division of Pulmonary and Critical Care Medicine: Drs. Kirsch, Gohil, Hsiao, Mohindra, Wehner, FriedenberG and Chen.					
What Criteria were used in the selection of speaker(s): <input type="checkbox"/> Subject Matter Expert <input checked="" type="checkbox"/> Excellent Teaching Skills/Effective Communicator <input checked="" type="checkbox"/> Other, Please Specify: Fellow and resident on the Pulmonary service					
Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speaker(s) and/or topic(s): <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, please explain:					



Activity Planning: (Criterion 2 - 5)	IMQ/CMA Updated Criteria
<p>For this CME activity, state the overall expected improvement or change in the learner's competence or performance, or in patient outcome, that will occur by successfully completing or participating in this activity.</p> <p><b>What is the professional practice gap (PPG) identified by the planner(s) for the learners?</b>  <b>NOTE:</b> A GAP is defined as the difference between actual (what is) and ideal (what should be) in regard to physician competence, performance, and/or to patient outcomes.</p> <p>Recognition and management of complex pulmonary critical care cases from a professional practice gap from which needs were the current/recent pulmonary and critical care services at SCVMC and the identified. *E.g., through established peer practice (based on guidelines, published literature)</p> <p><b>*List the sources used to identify the PPG(s) (data/information used):</b></p> <ol style="list-style-type: none"> <li>1. Verbal survey among Division Attending Staff. Define the learner(s)</li> <li>2. Review of feedback from 2015 Pulmonary Community Chest conference series.</li> </ol> <p><b>*Educational Need(s): (Criterion 2) For each gap, identify one or more underlying learning need or cause that, if met, would help close the gap.</b></p> <p>Review of the established recognition and management of specific disease conditions by professional society, national data, and literature review.</p>	<p><b>C-2</b></p> <p>Identify the gaps between current practice or outcomes and desirable or achievable practice or outcomes (i.e., professional practice gaps. The key for compliance is to be able to show that planning included the identification of a professional practice gap from which needs were identified.  <b>*E.g., through review of new practice guidelines, national data, professional society, study published in the journal of "?", pre-activity survey to define the learner(s) practice gaps.</b></p>
<p><b>Type of Need. Identify the specific needs, (knowledge, competence, performance) (Click all that apply below and describe how the educational needs were identified, measured and/or determined)</b></p> <p><input checked="" type="checkbox"/> Knowledge, Explain: <u>As outlined above</u></p> <p><input type="checkbox"/> Competence, Explain: _____</p> <p><input type="checkbox"/> Performance, Explain: _____</p>	<p><b>C2</b></p> <p><b>Knowledge</b> = Facts &amp; information acquired through experience/education</p> <p><b>Competence</b> = applies knowledge to knowing how to do something (ability, skills, strategies);</p> <p><b>Performance</b> = what one actually does in practice with skills, abilities, strategies</p>
<p><b>Based on each identified educational need, specify what is essential for the learner to do or achieve as a result of successful participation in this activity. What are the desired results of this activity? Or, what is your activity designed to change?</b></p> <p><input checked="" type="checkbox"/> Competence (to give the physicians new abilities/skills/strategies)  Explain:  Designed to improve the clinicians' differential diagnosis for pulmonary diseases. Understand the current therapeutic strategies for lung disease and upcoming therapies.</p>	<p><b>C3</b></p> <p>This criterion is the implementation of Criterion 2 in the provider's overall program of CME. In the planning of its program of CME activities, the provider must attempt to change physicians'</p>



<input type="checkbox"/> Performance (to help physicians modify their practice) <b>Must provide data</b> Explain:  <input type="checkbox"/> Patient care outcomes (to help improve patient outcomes) <b>Must provide data</b> Explain:	competence, performance, or patient outcomes, based on what was identified as needs (that underlie a PPG)
<p><b>Based on the desired outcome results of the activity, list at least three (3) measurable objectives designed to change competence, performance or patient care outcome.</b></p> <p><i>At the completion of this activities, the learner will be able to:</i></p> <ol style="list-style-type: none"> <li>1. Understand the relationship of the presentation of the case to those described in the literature.</li> <li>2. Develop greater understanding of underlying pathophysiology of relevant disease processes.</li> <li>3. Understand improvement in specific therapeutic disease management.</li> </ol>	<p><b>C3</b></p> <p>Identify how these activities contribute to the overall program's efforts to change learner's competence, or performance, or patient outcomes</p>
<p><b>Instructional Format: Check what may be appropriate for the setting, objectives and desired results of the activity.</b></p> <p> <input checked="" type="checkbox"/> Lecture            <input type="checkbox"/> Seminar            <input type="checkbox"/> Workshop            <input checked="" type="checkbox"/> Case Presentation   <input type="checkbox"/> Enduring Materials            <input type="checkbox"/> Moderated AV Presentation   <input type="checkbox"/> Other _____       </p>	<p><b>C5</b></p> <p>The provider chooses educational <b>formats</b> for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity</p>

<p><b>Desirable Physician Attributes/Core Competencies (Criterion 6)</b>  <i>CME activities should be developed in the context of desirable physician attributes. Please indicate which American Board of Medical Specialties/Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies will be addressed in this activity</i></p>		
<input checked="" type="checkbox"/> Patient Care or Patient-Centered Care  <input checked="" type="checkbox"/> Medical Knowledge  <input type="checkbox"/> Works Effectively in interdisciplinary teams  <input checked="" type="checkbox"/> Employ Evidence-Based Practice  <input type="checkbox"/> Interpersonal and Communication Skills	<input type="checkbox"/> Utilizes informatics  <input type="checkbox"/> Professionalism  <input type="checkbox"/> Practice Based Learning and Improvement  <input type="checkbox"/> Applies Quality Improvement  <input type="checkbox"/> System Based Practice	<p><b>C6</b></p> <p>The provider develops activities/educational interventions in the context of <b>desirable physician attributes or core competencies</b>, such as those developed by the Institute of Medicine (IOM, Accreditation Council for Graduate Medical Education (ACGME), American Board of Medical Specialties (ABMS), or by medical boards relevant to your target audience.</p>



**Describe how the selected desirable physician attribute(s)/Core Competencies will be integrated into this activity:**

1. The use of current/recent patient cases on the pulmonary and medical intensive care services addresses issues which are directly related to patient-centered care.
2. Review of current evidence based literature and published guidelines addresses deficiencies in medical knowledge and also addresses the ability to employ evidence based practice.

**Clinical Content Validation (Criterion 10)**

List each presentation or material with clinical content.

- a) See attached spreadsheets. Case presentations varies.
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

\*Describe your mechanism to resolve conflict of interest and ensure your presentation is commercial bias free.

None of the presenters has industrial ties that are applicable in this conference series.

Identify the physician reviewer validating content: Dr. Carl Kirsch

**C10**

The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest. Providers are expected to ensure that their CME program and activities advance the public interest without bias that would influence overuse or misuse of products or services of a commercial interest.

**Evaluation and Outcomes (Criterion 11)**

**What types of evaluation methods will you use to know if your activity was effective at meeting the change in competence, performance, or patient care outcome?**

**Competence**

- Post-Program Evaluation - intent to change behavior or practice based on the content of activity
- Customized post-test/activity (Conducted 3-6 months after activity)
- Audience Response System (ARS) tests learning before, during and after activity (Knowledge/Competence).
- Case-based studies (learner must make decisions)
- Other, specify; \_\_\_\_\_

**Performance**

- Customized follow-up surveys/focus groups about actual changes in practice.
- Customized post-test/activity (Conducted 3-6 months after activity)
- Measurement of adherence to best practices/guidelines
- Other, specify; \_\_\_\_\_

**C11**

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

<p><b>Patient Outcomes *</b></p> <p><input type="checkbox"/> Observed changes in health status measures</p> <p><input type="checkbox"/> Changes in hospital/department/practice quality and patient safety related measures, registry data, etc.</p> <p><input type="checkbox"/> Customized post-test/activity (Conducted 3-6 months after activity)</p> <p><input type="checkbox"/> Other, specify; _____</p> <p><b>*(e.g., sepsis rate from hospital QI data)</b></p>	
<p><b>Cultural and Linguistic Competence (CLC) AB1195</b></p> <p>If this activity addresses clinical patient care, it is required to list any identified cultural and/or linguistic disparities that were determined to be relevant to this activity. Describe below how the disparity will be addressed in the activity (see graph below from various topics of CLC)</p> <p>NOTE: It is the responsibility of the VMC planner to identify, as part of the planning process, at least one linguistic or cultural health disparity that is related to the identified professional practice gap. If no CLC or disparity is identified, document that not relevant.</p> <p>Presentations and discussions include relevant cultural diversity information relating to age, gender (including transgender patients), socioeconomic (we have a large homeless population), ethnicity, sexual orientation (including the LGBT population), language (Vietnamese, Mandarin and Spanish to name a few), religion and other disparities that could impact patient care.</p>	







**PRELIMINARY CME ACTIVITY BUDGET  
PULMONARY DIVISION – 2016 COMMUNITY CHEST CONFERENCE  
SCVMC CME COMMITTEE  
(To be used for One Time and RSS Course Submissions)**

**INCOME**

Registration Fee Anticipated (if any):	\$ <u>0.00</u>
Total income from registration fee (if any):	\$ <u>0.00</u>
*Honorarium (if any)	\$ <u>0.00</u>
Administrative Support	\$ <u>336.00</u>
§ Activity Planner(s) Support	\$ <u>1,064.00</u>
**Commercial Exhibit Income	\$ <u>0.00</u>
Other : _____	\$ <u>N/A</u>
<b>TOTAL INCOME (cannot be zero):</b>	<b>\$ <u>1,400.00</u></b>

**EXPENSES**

*Honorarium (if any):	\$ <u>N/A</u>
Brochure & Printing cost :	\$ <u>N/A</u>
Venues/ Audio Visual Cost :	\$ <u>N/A</u>
Meal Expense:	\$ <u>N/A</u>
Administrative Support	\$ <u>336.00</u>
§ Activity Planner(s) Support	\$ <u>1,064.00</u>
**Commercial Exhibit Expenses (if any)	\$ <u>N/A</u>
Other : _____	\$ _____
<b>TOTAL EXPENDITURE (cannot be zero)</b>	<b>\$ <u>1,400.00</u></b>

**NOTE: Expenditure cannot be higher than income**

**\*Refer to Policy VMC #154.03 - Note:** No Santa Clara County employee may be paid honoraria, travel, lodging, registration fees or personal expenses from Commercial Support sources, Commercial Interests, the VMC Foundation, or any other third party. Honorarium exceeding \$1,000.00 will require SCVMC CME Committee and approval by the MS President

**\*\* Exhibit Agreement completed and submitted at time of CME planning request**

**§ Note that the planner support figure in part has been calculated from the amount of time required for creation of course content. All time required for the creation of course content was performed outside county work hours for Dr. Gohil.**