DES MOINES UNIVERSITY
CONTINUING MEDICAL EDUCATION

Des Moines University Application for Credit

Activity Information

Date of application: October 7, 2020

College/department/organization: After Cancer, Solutions for Sexual Health

Series title: All of Me: Prioritizing Sexual Health for Iowans Impacted by Cancer

Date(s): Varies **Location:** Varies

Time: Varies

Activity director: Erin Sullivan Wagner

Phone: 319- 499-1751 **Email:** erin@aftercancer.co

Activity director: Veronika E. Kolder, MD

Phone: 319- 356-3605 **Email:** veronika-kolder@uiowa.edu

Activity coordinator: Cindy Lyness

Phone: **Email:** clyness24@gmail.com

Format: *ACCME C5; CPME Standard 3.2, 9.0*

- ☒ Live
- ☐ Journal-based CME
- ☐ Online/Enduring materials
- ☐ Grand Rounds/Regularly scheduled series (RSS)
- ☐ Remote site teleconference
- ☐ Other:

Frequency of activity:

- ☐ Once
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annual
- ☒ Other: Varies

Type of credit requested: (additional requirements and fees may apply)

- ☒ American Osteopathic Association (AOA) credit
  - ☐ Category 1-A
  - ☐ Category 1-B
  - ☐ Category 2-A
  - ☐ Category 2-B
- ☒ Nursing credit (IBON)
- ☐ American Academy of Family Physicians (AAFP) Prescribed credit ***Additional fee
- ☒ *AMA PRA Category 1 Credit*™ through the Iowa Medical Society
- ☐ Podiatry credit (CPME)
- ☒ Certificates of participation
- ☐ Other:

DES MOINES UNIVERSITY
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Planning Committee

Identify below members of the planning committee who have input into the planning process and selection of content. To comply with national CME standards, Des Moines University requires all planners and developers of content for an educational activity to complete and submit a financial conflict of interest form. It's the responsibility of the activity director to ensure that no conflicts of interest occur during the planning and content delivery process. If needed, attach separate documentation. *AOA Standards 2.2.4.2, 3.3, 3.5; ACCME C7, SCS 1.1, SCS 6.1-6.5, C9, SCS 2.1-2.3, SCS 4.2-4.5, C10, SCS 5.2; CPME Standard 1.3, 1.6, 5.2, 5.3*

Name, Credentials, Title	Phone	Email	COI
Erin Sullivan Wagner *Owner, After Cancer, Solutions for Sexual Health*	319- 499-1751	erin@aftercancer.co	
Veronika E. Kolder, MD *Associate Professor Clinical Obstetrics and Gynecology, University of Iowa Carver College of Medicine* *Medical Director, Menopause and Sexual Health Clinic, Department of Obstetrics and Gynecology*	319- 356-3605	veronika-kolder@uiowa.edu	
Cindy Lyness		clyness24@gmail.com	

Target Audience

AOA Standards 2.1.8, 3.1.1, 3.1.2, 3.2; ACCME C3; CPME Standard 3.2

- ☒ Physicians
- ☒ Mid-level providers
- ☒ Nurses
- ☒ Ancillary Staff
- ☒ Residents
- ☒ Medical Students
- ☐ Non-Medical Students
- ☐ General Public
- ☐ Other:

Number of proposed attendees: Varies

Purpose and Mission

Describe the purpose and mission of this CME activity. Must be in harmony with the Des Moines University CME mission statement. *AOA Standard 2.2.2.1; CPME 1.1*

The goal of 'All of Me: Prioritizing Sexual Health for Iowans Impacted by Cancer' is to improve the sexual health agency and sexual health of Iowans impacted by cancer through public awareness and self-sustaining education and implementation programs for oncology care providers. The target audience includes advance practice nurses, physician assistants, nurses, physical therapists, social workers, and

therapists. The project will include a website which incentivizes education and implementation of best practices, half-day multidisciplinary conferences, and follow up with all-day site visits. The site visits will include facilitated sexual history taking practice with simulated patients, train-the trainer instruction, and a meeting with clinic leadership including administrator, office manager, and coding specialist to address barriers to implementation. The project will be self-sustaining through web-based education and train-the-trainer instruction.

Year 1:

Create a 3-5 min video to serve as a promotional, public service, and educational message, raising awareness of the importance of caring for the whole person, including their sexual health. The video will offer a positive narrative about maintaining agency through support from loved ones and oncology care providers, while acknowledging that unaddressed cancer-treatment related sexual dysfunction can adversely affect the person impacted by cancer, their partner and family, if applicable, and quality of life. Challenges providers face in addressing this topic will be mentioned.

Create a library of video clips to enhance education about sexual health and cancer. For example, to facilitate the interactive teaching of sexual history-taking, we will make video clips of simulated patients who enact challenging scenarios that arise during the sexual history. The video clips will be integrated into presentations for the half-day multidisciplinary conferences and website-based continuing education for a more realistic learning experience. Other video clips will interview diverse Iowans impacted by cancer, cancer care providers, and a clinic administrator and coding specialist. The latter are included to address the common perception that sexual health counseling is a revenue drain for clinics.

Develop and roll out the project website by February 28, 2017

Collaborate with marketing specialist to develop public awareness initiative through press releases, 3-5 min video, and a public website. Incentivize provision of sexual health care for Iowans impacted by cancer through acknowledgement of individual 'sexual health champions' who have completed CEUs (half-day multispecialty conference, all-day site visit training, or equivalent web-based education) and clinics or hospitals who affirm implementation sexual health care on a state map on the website. The site will also contain resources for patients and providers related to sexual health.

Deliver at least one half-day multidisciplinary conference for target audience by June 30, 2017

Investigate best practices

We will build on our past literature review and clinical experience, and expand resources. We have spoken to members of the PRISM Program in Integrative Sexual Medicine at the University of Chicago in Illinois and are planning a site visit, summer 2016. Both Erin Sullivan Wagner and Veronika Kolder, MD will attend the annual meeting of the Scientific Network for Female Sexual Health and Cancer at MD Anderson in Houston, Texas, in October 2016. We will focus on learning about best practices not just in oncology care, but in the delivery of sexual health care from the perspective of resource allocation, personnel assigned to provide care, and coding of services, as all of these are perceived barriers to implementation (see Evidence Base section of application).

Year 2:

Continue providing the video-enhanced half-day multidisciplinary conference at 2-3 additional locations by June 30, 2018

Conduct 3-4 all-day site visits by June 30, 2018

Develop sustainable website-based education and affirmation of implementation process

By the end of year two, we will use the feedback from the half-day multidisciplinary conferences and the library of video clips to create an online e-learning training module for CEU credit, recognition of 'sexual health champions', and acknowledgement of clinics and hospitals who have affirmed implementation of sexual health care.

Educational Format

AOA Standard 2.1.7; ACCME C5; CPME Standard 3.2

☒	Case presentation	☐	Interactive response system
☐	Skills demonstration	☒	Simulated patient
☒	Lecture	☐	Laboratory session
☒	Panel discussion	☐	Mentoring/coaching
☒	Small group discussion	☒	Question and answer session
☐	Seminar	☒	Workshops
☐	Round table	☐	Other:

Identifying Professional Practice Gaps

The CME planning process begins with identifying professional practice gaps(s). The practice gap is the difference between what actually occurs and what the ideal or evidence-based practice should be. Describe below what practice gap(s) this CME activity will address. How do you know there is an educational need from the target audience? What clinical problems or opportunities for improvement will the activity address? What types of gaps in the target audience did you identify? (e.g., for clinical care: patient outcomes to improve, new methods of diagnosis or treatment to implement, better ways to deliver care) *ACCME C2, C3; AOA Standards 2.1.8, 2.2.3.3.1; CPME Standards 2.0, 3.0*

- More than 133,000 Iowans live with a cancer diagnosis (Iowa Cancer Consortium website, Cancer in Iowa: Facts and Figures, 2014 estimates, www.canceriowa.org/ICC/files/36/364c130e-4346-435f-aa39-0ef7981ef93e.pdf.
- Many cancers affect the sexual organs (pelvic area, breasts, brain) and those that don't can still affect sexual health through changes in body image and constitutional symptoms like fatigue, whether from the cancer itself or as a consequence of treatment (Landau ST et al., Am J Obstet Gynecol 2015;213(2):166-74).

- Sexuality is a central aspect of being human throughout life (World Health Organization, working definition of sexuality, www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/#.Vy-CXdg8iYEorg, and satisfaction in a committed sexual relationship is central to individual and family well-being and stability for most people (Rosen & Bachmann, J Sex Marit Therapy 2008;34:291-7).
- A person's ability to function sexually is material to their ability to enter long-lasting life partnerships, marry, and/or enjoy other kinds of sexual and intimate relationships (Landau ST et al., Am J Obstet Gynecol 2015; 213(2):166-74).
- All major oncology organizations recognize the importance of quality of life for cancer survivors (Am Soc Clin Onc www.cancer.net/survivorship, Journey Forward: www.jouneyforward.org, Livestrong Foundation www.livestrongcareplan.org), and sexual health and intimacy are highly valued aspects of quality of life (Robinson & Molzahn, J Gerontol Nurs 2007;33(3):19-27).
- Oncology nurses have led the way in survivorship quality of life research and providing sexuality-related nursing education (Oncology Nursing Society http://erc.ons.org/resources?seach_api_views_fulltext=seuality), yet sexual dysfunction is often not discussed with survivors, despite the availability of effective treatment strategies (NCCN Clinical Practice Guidelines, Survivorship: Sexual Dysfunction. JNCCN 2014;12:184-92 and JNCCN 2014;12:356-63).
- Beyond attempts at sexual rehabilitation after cancer, clinical focus should shift to prevention and helping persons impacted by cancer maintain full agency over the ability to function sexually, particularly when treatment options are likely to result in loss of function. The capacity to make informed choices that impact this most intimate aspect of life is essential to health, quality of life, and personhood, regardless of age or marital/partner status (Lindau ST, et al. Am J Obstet Gynecol 2015;213(2):166-74).
- Sex-specific disparities in research (Miles et al., Cochrane Reviews 2007, Issue 4. Art. No.:CD005540) contributed to the recent founding of a new national organization, The Scientific Network for Female Sexual Health and Cancer www.cancersexnetwork.org, underscoring the timeliness of our project.
- Erin Sullivan Wagner has been a public voice for Iowans impacted by cancer, sharing her story of cancer treatment-related sexual dysfunction with the oncology community in Eastern Iowa, Des Moines, and Fort Dodge. Veronika Kolder, MD and Brad Erickson, MD have partnered with Ms. Sullivan Wagner since 2014, raising awareness about sex and cancer through nursing CEU lectures at Des Moines University, Stoddard Cancer Center in Des Moines, and Mercy Medical Center in Cedar Rapids, IA.
- At our presentations, nurses acknowledge the importance of sexual health care, want to provide this care, but describe many barriers to implementation. We have designed the All of Me project is address these barriers.
- The 2014 National Comprehensive Cancer Network Clinical Practice Guidelines for sexual dysfunction state that discussions about sexual function are a 'critical part of survivorship care', yet such discussions often don't take place due to 'lack of training of health care professionals, discomfort of providers with the topic, and insufficient time during visits' (Deninger CS, et al., J Natl Compr Canc Netw 2014;12:184-92). Our project addresses all three of these challenges through a public awareness campaign, half-day multidisciplinary conferences, and all-day on-site follow up visits which include 1) the Calgary-Cambridge model of intensive sexual history-taking and train-the-trainer instruction and 2) address lingering barriers to implementation including resource allocation and coding.
- Beyond sexual rehabilitation after cancer, empowering people impacted by cancer to maintain full agency over their ability to function sexually is essential for health, quality of life, and personhood (Landau ST et al., Am J Obstet Gynecol 2015;213(2):166-74). This is particularly important when treatment options are likely to cause sexual dysfunction and provides further rationale for our educational focus.

- Public health social media campaigns hold promise in changing user behavior (Freeman et al., Public Health Res Pract 2015;25(2):22521517), can reach large audiences (eg: 'Just a Little Heart Attack' by American Heart Association Go Red for Women campaign with over 234,000 views on YouTube), and can facilitate changes in health policy (eg: Healthcare Equality Index of the Human Rights Campaign, www.hrc.org).
- Several meta-analyses show that technology can enhance learning and multiple studies have shown that video, specifically, can be a highly effective educational tool (Brame CJ, https://cft.vanderbilt.edu/guides-sub-pages/effective-educational-videos/).
- A multidisciplinary approach based on the biopsychosocial model is the gold standard for treatment of sexual dysfunction and provides the rationale for the half-day multidisciplinary conference (Beier KM et al. Urologe A 2006;45:953-4; Kunkel EJ, et al., Psychosomatics 2000;41:136-40; Krychman). www.medscape.org/viewarticle/575789_5).
- Obtaining commitment to an action step, especially in a public setting (in our case, commitment to becoming a 'sexual health champion' during the half-day multidisciplinary conference), and using models who publicly perform the desired action or say they have benefited from it (in our case, individual 'sexual health champions' and model clinics and hospitals who affirm implementation of sexual health care), is likely to have a positive persuasive impact (Community Tool Box, Chapter 6, Section 2, Using Principles of Persuasion, ctb.ku.edu).
- The Calgary-Cambridge patient interview model is used internationally and at the Carver College of Medicine in Iowa City, Iowa, to teach medical and physician assistant students how to talk to patients about sensitive topics, including sexual history-taking (Kurtz S, et al., Academic Med 2003;78:806 and Silverman J et al., Skills for Communicating with Patients, 3rd ed., 2013, CRC Press, Boca Raton, FL.). The model results in measurable improvement in communication skills (Chaudhary & Gupta, Int J Appl Basic Med Res. 2015;5(Suppl 1):S41-S44 and Hausberg MC, et al. BMC Med Educ 2012;12:16).
- The train-the-trainer model increases sustainability of our project, has been used to train direct care providers, and reduces the cost to clinics of future medical personnel training by using employees as instructors (LaVigna et al. Ped Rehab 2005;8:144-55; Page et al., J Appl Behav Anal 1982;15:335-51; Parsons & Reid, J Appl Behav Anal 1995;28:317-22; Shore et al., J Appl Behav Anal 1995;28:323-32).
- A value-based, patient-centered approach, with efficient clinic personnel allocation and proper coding for services, can decrease the perception that sexual health care is a revenue drain for which there is insufficient time in the oncology setting (Porter & Lee, Harvard Business Review http://hbr.org/2013/10/the-strategy-that-will-fix and Hill E, Fam Pract Manag 2003;10(9):31-6).
- Because web-based medical education is convenient and practical (BCMJ 2004;46(6):279-81), and nurses have positive perceptions about online learning (Karaman S., BMC Med Ed 2011;11:86), we will create a sustainable web-based educational program, that is informed by the preceding half-day conferences and enhanced by the previously created video clips, during the second year of the project

Educational Need

Is the identified educational need of the target audience related to: (select all that apply) *ACCME C2, C3; CPME Standard 3.0, 3.1, 9.5*

☒ Knowledge (facts and information acquired by a person through experience or education)
☒ Competence (having the ability to apply knowledge, skills, or judgment in practice if called upon to do so)

☒ Performance (what the participant actually does in practice)
☒ Patient outcomes (actual outcomes in individual patients and/or patient populations)
☐ Community (change in population health status)

Barriers

What factors outside of the provider's control have been identified that would have an effect a change in patient outcomes. Include examples of identified factors outside of your organization's control that will have an impact on patient outcomes. *ACCME C18*

See "Purpose and Mission" section.

What potential or real barriers are physicians faced with if this gap is to be addressed? Describe the educational strategies that have or are being implemented to remove, overcome or address these barriers to change? *ACCME C19*

See "Purpose and Mission" section.

Collaboration with Stakeholders

If your organization is engaged in collaborative or cooperative relationships with other stakeholders, describe these relationships. *ACCME C20; CPME 1.6*

PROJECT COLLABORATOR 1

Name: Veronika Kolder, MD
Organization: University of Iowa Hospital and Clinics
Organization description: Associate Professor Clinical Obstetrics and Gynecology, Medical Director, Menopause and Sexual Health Clinic, Department of Obstetrics and Gynecology

Project responsibilities:

- Member of curriculum review team and lead consultant to project chair
- Study best practices
- Continue to vet program design and content with nurses, nurse educators, and other members of target audience
- Collaborate in development of website
- Collaborate in designing a provider incentivization strategy related to program certification
- Provide existing resources and educational materials to website
- Prepare for video production including: a) brainstorm ideas for 3-5 minute promotional video b) write clinical scenarios for simulated patient videos, c) identify, invite, and meet with persons impacted by cancer who have attended the Menopause and Sexual Health Clinic and are willing to be interviewed d) collaborate in identifying, inviting, and meeting cancer care providers who are willing to be

interviewed, e) provide a video interview, if needed f) participate in editing clips e) embed clips in presentations for half-day conferences.
- Develop content and invite speakers for half-day conferences
- Vet content with nurses and nurse educators
- Collaborate in development of content for all-day site visits
- Identify, meet with, and train simulated patients who will travel to site for Calgary-Cambridge sessions
- Co-facilitate Calgary-Cambridge sexual history-taking sessions
- Develop content and conduct train-the-trainer session
- Develop site-specific content for meeting with clinic leadership, administration, manager, and coder.
- Develop content for web-based continuing education
- Collaborate in integrating website incentivization strategy with continuing education offerings
- Incorporate evaluations from half-day multidisciplinary conferences and video materials to enhance education programs

PROJECT COLLABORATOR 2

Name: Kimberly K. Leslie, MD
Organization: University of Iowa Hospitals and Clinics
Organization description: Professor and Head, Department of Obstetrics and Gynecology

Project responsibilities:
- Review project design, team, provide video interview

PROJECT COLLABORATOR 3

Name: Richard Deming, MD
Organization: Mercy Medical Center, Des Moines, Iowa
Organization description: Medical Director, Mercy Cancer Center

Project responsibilities:
- Project design, consultant to the project chair, partner to host a presentation, provide access to the patients/survivors, who are members of his Above and Beyond Cancer Foundation, to take part in the 5 minute video. Provide video interview as one of the healthcare providers

Sources of Professional Practice Gaps

Check the procedures you will use to identify the CME needs of the intended target audience. AOA credit is requested, for a multi topic activity, each presentation must have an evidence based needs assessment source. *AOA Standards 2.1.2, 2.1.3, 2.2.3.1; ACCME C2, C21; CPME 2.1*

See “Identifying Professional Practice Gaps” section.

☐	OMT/OPP as part of the profession. No additional documentation necessary.
☐	Core competencies that are non-clinical (professionals, communications, system based practice, etc.)
☐	Faculty development programs. No additional documentation necessary.

☐	Evaluation results from previous CME activities. Attach past evaluation summary with relevant suggestions highlighted.
☐	Request of medical staff or administration. Attach documentation or emails with relevant suggestions highlighted.
☐	Expert opinion from university or physician leaders. Attach meeting notes or survey results with relevant suggestions highlighted.
☐	Questionnaire (Learner Perceived Needs). Attach questionnaire summary with relevant suggestions highlighted.
☐	Literature reviews. Site the source or include a copy of the article.
☐	Public health priorities. Describe:
☐	New medical technology. Describe:
☐	Tests that determine learner competence (e.g., pre- and post- test results, self-assessment activities). Attached a copy of the test with relevant sections highlighted.
☐	Quality data or quality improvement initiative from organization. Attach reports or documentation with relevant sections highlighted.
☐	Tests that determine learner competence (e.g., pre- and post- test results, self-assessment activities)
☐	Data from local, statewide, regional, or national resources. Attach relevant reports or documentation.
☐	Data from outside sources such as the National Institutes of Health or Public Health Service. Attach relevant reports or documentation.
☐	Results of evidence based medicine studies. Attach studies.
☐	Legal or regulatory requirements (OSHA, JCAHO, etc). Attach reports or documentation with relevant sections highlighted.
☐	Licensure or State mandate (ex: risk management). Attach reports or documentation with relevant sections highlighted.
☐	Change in national standard of practice. Attach reports or documentation with relevant sections highlighted.
☐	Board preparation courses based on pass rate/board scores. No additional documentation necessary.
☐	Quality resource website databases (e.g., ahrq.gov, guideline.gov)
☐	Other:

Learner Attributes

Educational activities must be developed in the context of desirable learner attributes. The Accreditation Council for Continuing Medical Education (ACCME)/American Board of Medical Specialties (AMBS) and American Osteopathic Association (AOA) endorses the sets of competencies developed by The Institute of Medicine (IOM) and the Accreditation Council for Graduate Medical Education (ACGME) as measures of quality and success in educational programming. Please check the appropriate attributes that apply to the development of and desired results for this educational activity or series. *AOA; ACCME C6*

☐	Osteopathic Philosophy/ Osteopathic	Demonstration and application of knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty; dedication to life-long learning and to incorporating the practice of osteopathic philosophy and OMM in patient care.

	Manipulative Medicine (AOA)		
☒	Medical Knowledge (ACGME/ABMS, AOA)	Demonstration and application of established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.	
☒	Patient Care (ACGME/ABMS AOA,)	Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion.	
☒	Patient-Centered Care (IOM, ACGME)	☒	Identify, respect, and care about patients' differences, values, preferences, and expressed needs.
		☒	Relieve pain and suffering.
		☒	Coordinate continuous care.
		☒	Listen to, clearly inform, communicate with, and educate patients.
		☒	Share decision making and management.
		☒	Continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
☒	Works in Interdisciplinary Teams (IOM)	Demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.	
☒	Professionalism (ACGME/ABMS, AOA)	Manifested through a commitment to carry out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.	
☒	Practice-Based Learning and Improvement (ACGME/ABMS, AOA)	Involves the investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.	
☒	Employ Evidence-Based Practice (IOM)	Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.	
☐	Apply Quality Improvement (IOM)	☐	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.
☐	Systems-Based Practice (ACGME/ABMS, AOA)	Manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.	
☒	Interpersonal and Communication Skills (ACGME/ABMS, AOA)	Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.	

☐	Utilize Informatics (IOM)	Communicate, manage knowledge, mitigate error, and support decision making using information technology.

Learning Objectives

Define specific goals/objectives for the CME activity. What changes in knowledge, attitudes, or skills are expected as a result of this activity? What changes in patient care are expected? What will attendees know, or be able to do, as a result of participating in the activity*? AOA Standards 2.1.5, 2.2.3.2, 2.2.3.3.1; ACCME C7, SCS 1.1; CPME 3.0, 4.1, 7.1, 9.2*

Upon completion of this activity, participants will be able to:

1.
2.
3.
4.

☒ Activity is a RSS or journal club and is subject to change. Individual activity learning objectives will be submitted to the CME Department prior to the activity.

Activity Schedule

The accredited provider shall use the objectives developed for an educational activity to select the content, speakers, learning methods for the activity. If needed, attach separate documentation. *AOA Standard 2.2.3.3.1; CPME 7.1*

Time	Presentation Title and Speaker

☒ Not applicable. Activity is a RSS or journal club and is subject to change. The activity schedule will be submitted to the CME Department prior to the activity.

Speaker Information

List speaker with pertinent credentials. Speakers who refuse to sign the financial conflict of interest form may not participate in the CME activity. For a multi topic activity, each presentation must have an evidence-based needs assessment source. A biographic sketch and/or CV is required for all speakers. If needed, attach separate documentation. *AOA Standards 2.2.4.2, 3.3, 3.5, ACCME C7, SCS 2.1-2.3, SCS 3.7, SCS 6.1-6.5, C8, SCS 3.7-3.10, SCS 4.2-4.5, C10, 5.1, 5.2; CPME Standard 5.0, 7.1*

Name, Credentials, Title	Phone, Email	Honorarium Amount? (if applicable)	Paying Speaker Expenses? (if applicable)	COI
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

☒ Not applicable. Activity is a RSS or journal club and is subject to change. A list of speakers will be submitted to the CME Department prior to the activity.

Level of Outcomes

Please indicate the level of outcomes this educational activity will address. Select one.

☐ Level 1 outcomes, or the "smile sheet," rate the CME activity's quality, usefulness, objectives, presentation, and/or speakers.
☐ Level 2 measures a change in participants' knowledge, skills, or attitude – an intention to change.
☐ Level 3 is a self-reported change in health professionals' behavior or practice.
☒ Level 4 is an objectively measured change in clinician behavior or practice.
☐ Level 5 is an objectively measured change in patient health status.

Evaluation

Describe how you will determine if your CME activity is effective in meeting the needs for which the activity was designed. The approved CME evaluation should be used along with other effective tools. *AOA Standards 2.1.6, 2.1.7, 2.1.9, 2.1.10, 2.1.11, 3.14; ACCME C11, C13, C22; CPME Standard 4.1*

☐ Post- activity evaluation*
☐ Use of audience polling device
☒ Pre-test - Pre-test and post-tests will be administered at conferences, site visits, and with the web-based education
☒ Post-test - Pre-test and post-tests will be administered at conferences, site visits, and with the web-based education.
☐ 90-day follow-up assessment
☐ Patient outcomes data
☐ Questionnaire
☐ Planning group review
☐ Other:
☐ Verbal interview of participants summarized in writing

* DMU CME will provide a list of required CME evaluation questions.

Describe anticipated ways to evaluate short and long-term learning value of your activity.

Short-term: To assess the short term learning value of this activity, an evaluation will be distributed to the learners on-site. The feedback provided is used to determine the effectiveness of the content presented and help plan for future activities. It will properly assess the learning and adaptation of the activity. Attendance and attendee satisfaction, per the evaluation, will assist the level of interest and understanding.

Long-term:

90 day follow up conference calls for all facilities that host site visits to get feedback and address challenges they have faced since participation. The website will collect feedback about the project from persons impacted by cancer and providers. It will also offer further assistance and training. These comments will document future needs related to implementation of sexual health care and efficacy of the current project.

Through increased public awareness, self-sustaining education and implementation programs, and intensive work with the oncology community during site visits, we will train 20 sexual health champions, training-the-trainer for future sexual health care providers in oncology settings. Our collaboration with each other and the content of our educational programs will prioritize sexual health for Iowans impacted by cancer, a de facto policy change, through incentivizing education and commitment to sexual health care via the project website. Since sexual dysfunction has biological, psychological, and social aspects, our target audience includes advance practice nurses, physician assistants, nurses, physical therapists, social workers, and therapists. We will bring about systems change by incorporating content that address all identified barriers to implementation of sexual health care in the oncology setting.

Commercial Support

AOA Standards 2.2.3.3.2, 2.2.3.3.3.1-5, 2.2.4.1, ACCME C8, SCS 3.1-3.7, 3.11-3.13, C9, SCS 4.1, 4.2; CPME Standard 6.0

Independence of Activity Planning: When planning a CME activity, the activity director and members of the planning committee confirm that the following decisions will be made free of the control of commercial interests:

1. Identification of needs
2. Determination of education objectives
3. Selection and presentation of content
4. Selection of all personnel and organization that will be in a position to control the content
5. Selection of education methodology
6. Evaluation of the activity

☒ Check this box to indicate you have read, understand and comply with the independence of activity planning standards.

☒ This activity will not be requesting commercial support.
☐ This activity will be requesting commercial support (complete table below).

DES MOINES UNIVERSITY
CONTINUING MEDICAL EDUCATION

Company Name	Representative Name	Phone, Email	Requested Amount	Type
				☐ Grant ☐ Exhibit ☐ In Kind
				☐ Grant ☐ Exhibit ☐ In Kind

Content Validation

Applies to all those in control of content, including activity director, planning committee members and speakers. Des Moines University expects that all CME activities will adhere to the content validation statement.

1. 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.
2. 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 collections and analysis.
3. The content or format of CME activities and related materials will promote improvements or quality healthcare and not a specific proprietary business or commercial interest.
4. CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality.
5. If your CME educational materials include trade names, names from several companies should be used where available, not just trade names from a single company.
6. Feedback from learners will be collected to determine the effectiveness of this CME activity through questionnaires or other evaluation mechanisms.
7. Educational materials that are part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages.

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