**Des Moines University Application for Continuing Education Credit**

**Activity Information**

**Date of application:**

**College/department/organization:**

**Activity/series title:**

**Date(s):**       **Location:**

**Time:** **Begin:**       [ ]  am [ ]  pm **End:**       [ ]  am [ ]  pm

**Activity director:**

**Phone:**       **Email:**

**Activity director:**

**Phone:**       **Email:**

**Activity coordinator:**

**Phone:**       **Email:**

**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:

**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)

[ ]  *AMA PRA Category 1 Credit™* through the Iowa Medical Society

[ ]  Podiatry credit (CPME)

[ ]  Certificates of participation

[ ]  Other:

[ ]  American Academy of Family Physicians(AAFP) Prescribed credit \*\*\*Additional fee

**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*

The activity director(s), activity coordinator, and all planning committee members must complete a “Disclosure of Relevant Financial Relationships” form. The webform can be found online at <https://cme.dmu.edu/disclosure>.

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| **Name, Credentials, Title** | **Phone** | **Email** | **COI** |
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**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:

**Purpose and Mission**

Describe the purpose and mission of this CME activity. Must be in harmony with the Des Moines University CME [mission statement](http://www.dmu.edu/cme/about/). *AOA Standard 2.2.2.1; CPME 1.1*

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**Educational Format**

*AOA Standard 2.1.7; ACCME C5; CPME Standard 3.2*

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| [ ]  | 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:       |

**How was it determined that the format chosen was the best for delivery of activity?**

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**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*

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**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*

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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*

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**Collaboration with Stakeholders**

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

[ ]  N/A

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**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*

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| [ ]  | 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. |
| [ ]  | 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 Core Competencies**

All activities must be developed in the context of desirable learner attributes as those designated by the Institution of Medicine (IOM) and American Board of Medical Specialties (ABMS), Accreditation Council of Continuing Graduate Medical Education (ACGME), and American Osteopathic Association (AOA) competencies.

Please check the appropriate attributes that apply to the development of and desired results for this educational activity or series. *AOA; ACCME C6*

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| [ ]  | Osteopathic Philosophy/ Osteopathic Manipulative Medicine  | Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM. (AOA) |
| [ ]  | Medical Knowledge | Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities. (AOA)Demonstrate 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. (ABMS, ACGME) |
| [ ]  | Patient Care | 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. (AOA)Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. (ABMS, ACGME) |
| [ ]  | Provide Patient-Centered Care  | [ ]  | Identify, respect, and care about patients' differences, values, preferences, and expressed needs. (IOM) |
| [ ]  | Listen to, clearly inform, communicate with, and educate patients. (IOM) |
| [ ]  | Share decision making and management. (IOM) |
| [ ]  | Continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health. (IOM) |
| [ ]  | Work in Interdisciplinary Teams  | Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. (IOM) |
| [ ]  | Professionalism | [ ]  | Uphold the Osteopathic Oath in the conduct of one’s professional activities that promotes advocacy of patient welfare, adherence to ethical principles, and collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. (AOA) |
| [ ]  | Be cognizant of physical and mental health in order to effectively care for patients. (AOA) |
| [ ]  | Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. (ABMS, ACGME) |
| [ ]  | Practice-Based Learning and Improvement  | [ ]  | Demonstrate the ability to critically evaluate methods of clinical practice. (AOA) |
| [ ]  | Integrate evidence-based medicine into patient care. (AOA) |
| [ ]  | Show an understanding of research methods. (AOA) |
| [ ]  | Improve patient care practices. (AOA, ABMS, ACGME) |
| [ ]  | Investigate and evaluate their patient care practices. (ABMS, ACGME) |
| [ ]  | Appraise and assimilate scientific evidence. (ABMS, ACGME) |
| [ ]  | 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. (IOM) |
| [ ]  | Apply Quality Improvement  | [ ]  | Identify errors and hazards in care. (IOM) |
| [ ]  | Understand and implement basic safety design principles, such as standardization and simplification. (IOM) |
| [ ]  | Continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs. (IOM) |
| [ ]  | Design and test interventions to change processes and systems of care, with the objective of improving quality. (IOM) |
| [ ]  | Systems-Based Practice  | [ ]  | Demonstrate an understanding of health care delivery systems. (AOA) |
| [ ]  | Provide effective and qualitative patient care with the system. (AOA) |
| [ ]  | Practice cost effective medicine. (AOA) |
| [ ]  | 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. (ABMS, ACGME) |
| [ ]  | Interpersonal and Communication Skills  | 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. (AOA)Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients’ families, and professional associates. (ABMS, ACGME) |
| [ ]  | Utilize Informatics  | Communicate, manage knowledge, mitigate error, and support decision making using information technology. (IOM) |

**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*

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| Upon completion of this activity, participants will be able to:1.
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[ ]  Not applicable. Activity is an RSS or journal club and is subject to change. 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*

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| **Time** | **Presentation Title and Speaker** |
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[ ]  Not applicable. Activity is an RSS or journal club and is subject to change. Objectives 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*

All speakers, moderators, and panel members must complete a “Disclosure of Relevant Financial Relationships” form. The webform can be found online at <https://cme.dmu.edu/disclosure>.

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[ ]  Not applicable. Activity is an RSS or journal club and is subject to change. Objectives 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

[ ]  Post-test

[ ]  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.**

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| 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:       |

**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).

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| **Company Name** | **Representative Name** | **Phone, Email** | **Requested Amount** | **Type** |
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**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.

[ ]  Check this box to indicate that you have read, understand, and will comply with the content validation statement.