

Thank you for your interest in seeking *AMA PRA Category 1 Credit(s)*[™] for your continuing medical education activity. We require an application process as the first step to the activity planning. Please read the following information and complete the application that follows. *The proposal will be presented to the Sunrise Hospital Education and Library Committee and you will be notified of their decision within one week.*

Purpose

The purpose of the Continuing Medical Education (CME) accreditation process is to enhance the quality of physician CME by establishing and maintaining standards for development and implementation of formally structured CME programs. This process measures the ability of institutions and other entities to plan effective CME activities and to maintain an overall CME program in accordance with the standards set by the Accreditation Council for Continuing Medical Education (ACCME).

Mission Statement

The Sunrise Health System Office of Continuing Medical Education (OCME) is committed to provide and support a comprehensive CME program that develops evidence-based educational education to meets the needs of those involved in the delivery of health care to enhance knowledge, competence, performance, and/or patient care.

Accreditation

The Sunrise Health System is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Eligible Institutions and Organizations

Institutions/organizations eligible for continuing medical education accreditation are generally defined as hospitals, county medical societies, state or local specialty societies, voluntary health organizations, state agencies, other entities that sponsor CME activities on a regular or recurring basis, and formal consortia of the above institutions/organizations.

The Sunrise Health System reserves the right to exercise judgment in assessing accreditation eligibility. Applicants will be closely examined for compliance with the Essential Areas and Policies of the ACCME. Continuing medical education activities shall be distinguished from activities that appear primarily intended to advertise a product, name, or service.

Eligibility Criteria

To be eligible for consideration of accreditation by the Sunrise Health System, institutions/organizations' intended educational activities for physicians must meet the following criteria:

- Meet the Sunrise Health System's CME Mission and
- Demonstrate the capacity to comply with the ACCME's Essential Areas and Policies of CME.

American Board of Internal Medicine (ABIM) Maintenance of Certification (MOC) Eligibility Criteria

Alignment of the ABIM Medical Knowledge Assessment Recognition Program with the ACCME's accredited CME system allows ABIM Board Certified physicians to earn medical knowledge MOC points and patient safety MOC credit for accredited activities that meet the following requirements:

- The activity is certified for *AMA PRA Category 1 Credit*[™] in one of the following activity types: committee learning, courses, internet live courses, and regularly scheduled series;
- This activity is relevant to physicians certified by ABIM, as demonstrated by the professional practice gap(s) and content of the activity;
- The content of the activity must be peer-reviewed during the planning process by at least two reviewers who are not the original author/presenter(s); and
- Must include a comprehensive evaluation component that measures learners' change. Methods for evaluation can include multiple-choice, fill-in-the-blank, or longer-form tests; written or shared responses; or other formative and summative content-relevant exercises that evaluate the effectiveness of the learning. All live activities must utilize evaluation methods which identify a passing standard, and include feedback to the learner that includes the rationale for correct answers with relevant citations.

The following agreement outlines the responsibilities between the Sunrise Health System (SHS) Office of Continuing Medical Education (OCME) and Sunrise Health System department(s) completing the application for accreditation.

A timeline, to be agreed upon in the initial consultation meeting, MUST be adhered to or the CME credit approval could be delayed or not awarded at all.

Sunrise Health System OCME Responsibilities Prior to Approval

- Hold an initial consultation meeting
 - Discuss the CME application process
 - Determine services needed
- Review the activity proposal form
- Have a role in the planning process
 - Involvement as course director (faculty member) or
 - Involvement as a planning committee member (faculty member or CME Staff)
 - Recommend methods for outcomes data collection/measurements
- Review the application and documentation
 - Needs assessment
 - Objectives
 - Design
 - Faculty Selection
 - Evaluation/Outcomes
 - Disclosure forms (from planners/speakers)
 - Commercial Support
- Provide feedback to non-accredited provider about application, if necessary
- Provide non-accredited provider with documentation when final approval is awarded
- Review promotional materials and provide feedback
- Invoice applicant for fees, if necessary
- Provide consultation and feedback to non-accredited provider in soliciting commercial support, if needed

After approval

- Post the activity on the OCME Website (www.SunriseCME.com)
- Register the activity for MOC points (if applicable)
- Follow-up, as needed to collect additional documentation, if necessary
- Provide appropriate Accreditation, Designation, and MOC Point Assignment statements
- Provide templates, as needed (sign-in sheets, evaluation forms, PowerPoint disclosure slide, CME certificates)

After the activity

- Provide post-conference follow-up notices
- Review final documentation for compliance issues
- Issue certificates, if not provided before the activity
- Enter credits for physicians requesting CME credit
- Enter credits for physicians requesting MOC points
- Maintain CME credit information for 6 years
- Maintain CME application and documentation for 4 years

Requesting Department(s) Responsibilities Prior to Approval

- Participate in initial consultation meeting
 - Discuss application process
 - Determine if additional services are desired
 - Agree upon the CME fee
- Submit a pre-application proposal form to the OCME (minimum of **six weeks prior to start date** of the activity)
 - Completed conflict of interest forms for Activity Director, Planning Committee member(s), and Activity Coordinator (minimum of **two weeks prior to start date** of the activity)
 - Preliminary Budget
- Adhere to the OCME timeline for application and document submissions

After approval

- After approval of pre-application, complete and submit the entire planning document and attachments to OCME - including
 - List of planners
 - Needs assessment data
 - Educational objectives
 - Agenda (with time, speakers, and topics)
 - Faculty invitation letter (template provided by OCME)
 - Disclosure forms completed and signed by ALL planners, moderators, and speakers
- Submit promotional materials (flyer, brochure, etc.) to OCME for approval prior to printing
- Send additional documentation to complete the file, if necessary

During the activity

- Follow the OCME guidelines for moderators
- Provide disclosure information to the audience prior to the beginning of the activity by utilizing the disclosure PowerPoint presentation (provided by OCME) and verbal disclosure. This must be done even if there is nothing to disclose.
- Collect event attendance information (sign-in sheets)
- Collect evaluation/credit claim forms from attendees, if applicable

After the activity

- Submit closing report and documentation within 30 days
 - Attestation forms, if applicable (credit claim forms)
 - Evaluation data summary
 - Final detailed budget report
 - Handout materials
- Submit closing report and documentation within 90 days
 - Post activity evaluation mechanism results (ie, survey responses, chart audit results, M&M rates, or quality/performance improvement reporting)

Department Seeking Accreditation:

Name of physician planning the activity (**Activity Director**):

Facility:

Phone: () - Fax: () -

E-mail: Preferred method of contact:

Name of person who will coordinate the CME paperwork and facilitate the activity (**Activity Coordinator**):

Phone: () - Fax: () -

E-mail: Preferred method of contact:

1. Proposed Activity Information:

Title		
Date(s)	Time	Location
Requesting MOC Credits? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of <i>AMA PRA Category 1 Credits</i> TM requested	Is this a repeat course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Speaker(s)		

2. Type of Activity: (see Appendix C for more information)

- Lecture/Presentation:** Planned as an individual event which generally focuses on the diagnosis and treatment of a particular condition or medical problem. May last one day or take place over several days. Examples: annual meeting, conference, or panel discussions.
- Panel Discussion:** Provide an opportunity for experts or a group of learners to present differing viewpoints on a topic, issue, or problem to other panelists and the audience.
- Group/Open Discussion:** Provides an opportunity for learners to think together constructively for purposes of learning, solving problems, making decisions, and/or improving human relationships.
- Role Play:** Provides learners with the opportunity to experience common human relations problems, practice communication skills in a secure environment.
- Case Study (RSS):** Case conferences, tumor boards, etc. in which there may be one person moderating the activity, but any and all attendees may be involved in presenting material. Provides an opportunity for learners to solve a problem or situation an individual or group has experienced. An effective method of provoking controversy and debate on issues for which definite conclusions do not exist.
- Speaker-Based Series (RSS):** Activity in which each session generally has 1 or 2 persons presenting a topic such as in grand rounds or research conferences
- M&M (RSS):** Provides a safe venue for presentation of cases by learners with possible untoward outcomes. Allows peer interaction with current problems in practice.

3. Explain why the above listed educational format is appropriate for this activity: (see Appendix C for more information)

4. Describe the target audience:

5. State the professional practice gap(s) of your learners on which the activity was based (maximum 100 words).

(see Appendix D for more information)

(Joint Commission requirements, CDC reports, CORE measure outcomes, HCAHPS scores, National Patient Safety Goals, policy and procedure inception or updates, published guidelines, quality/performance improvement reporting, etc.)

6. State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (Failure to prevent, failure to detect, overuse/misuse, does not know how to ...)

Knowledge need and/or	
Competence need and/or	
Performance need	

7. State what this CME activity was designed to change in terms of learners' competence **and/or** performance **and/or** patient care outcomes (maximum 50 words).

Competence and/or	
Performance and/or	
Patient Outcomes	

8. Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses? (see Appendix B for more information)

<input type="checkbox"/> Provide patient-centered care	<input type="checkbox"/> Utilize informatics	<input type="checkbox"/> Interpersonal and communication skills
<input type="checkbox"/> Work in interdisciplinary teams	<input type="checkbox"/> Compassionate patient care	<input type="checkbox"/> Practice-based learning and improvement
<input type="checkbox"/> Employ evidence-based practices	<input type="checkbox"/> Medical knowledge	<input type="checkbox"/> Systems-based practice
<input type="checkbox"/> Apply quality improvement	<input type="checkbox"/> Professionalism	

9. All activities **must include a comprehensive evaluation component that measures learners' change**. Methods for evaluation can include multiple-choice, fill-in-the-blank, or case vignettes; written or shared responses; or other formative and summative content-relevant exercises that evaluate the effectiveness of the learning. (See Appendix A for more information)

All live activities must utilize evaluation methods which identify a passing standard, and include feedback to the learner that includes the rationale for correct answers with relevant citations.

Identify the outcome measurement tool to be utilized to assess overall efficacy in changing the learner's competence, performance, and/or patient outcomes.

Competence

- Focus Groups – Qualitative measurement to collect more data
- Learner Interviews – Measures intent-to-change/actual change
- Pre-/Post-Test questions – Requires a passing standard be set and best answer to each question be discussed or shared
- Responses to Case Vignettes – Measures application of knowledge
- Simulation Demonstration – Demonstrates competency/skill
- Survey – Measures attitudes/competence
- Other (please list):

Performance

- Adherence to Guidelines – Measures actual change
- Commitment to Change – Measures intent-to-change; Follow up needed to collect more data
- Focus Groups – Qualitative measurement to collect more data
- Learner Interviews – Measures intent-to-change/actual change
- Periodic Post-activity Survey – Measures intent-to-change/actual change
- Other (please list):

Patient Outcomes

- Chart Audits
- Mortality and Morbidity Rates
- Patient Feedback or Surveys
- Quality Indicators/Performance Reports – observed changes in health status measures
- Other (please list):

10. **Funding Sources:** It is the policy of Sunrise Health System Office of CME to not certify commercially-supported activities. This means neither a joint-provider nor the Sunrise Health System OCME can submit grant requests, receive funding from a commercial interest, or accept exhibit fees to support any portion of the CME program.

- | | |
|--|---|
| <input type="checkbox"/> Departmental budget for office supplies | <input checked="" type="checkbox"/> No commercial support is being sought for this activity |
| <input type="checkbox"/> Registration Fees | <input checked="" type="checkbox"/> No commercial exhibits will be allowed at this activity |
| <input type="checkbox"/> Other: | |

11. **How will you keep commercial bias out?**

No commercial/industry supporters will be allowed to provide any portion of activity planning (including, but not limited to: speaker selection, identification of practice gaps, generating learning objectives/activity goals, educational content, and/or target audience selection). All planning committee members and faculty will complete a conflict of interest form which will be reviewed by the Sunrise Health System Office of CME prior to the activity. Disclosures will be made prior to activity through a variety of methods (including, but not limited to: activity announcement, sign in sheet, evaluation form, PowerPoint presentation, and verbally).

Measurement: Question on evaluation form for learners to provide their feedback on the perception of commercial bias (includes the definition of commercial bias). Expectation: Score of 95% for combined responses of "Strongly Agree" and "Agree."

12. Communication/HCAHPS Initiative

All activities certified by the Sunrise Health System Office of CME are required to address effective communication techniques.

Please describe how your activity will provide strategies for communicating effectively with medical staff and/or patients.

13. Identified Barriers (select 1 at minimum)

What potential barriers do you anticipate attendees may have incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply by placing an "X" in the appropriate box.

<input type="checkbox"/>	Lack of time to assess or counsel patients	<input type="checkbox"/>	Lack of consensus on professional guidelines
<input type="checkbox"/>	Lack of administrative support/resources	<input type="checkbox"/>	Cost
<input type="checkbox"/>	Insurance/reimbursement issues	<input type="checkbox"/>	No perceived barriers
<input type="checkbox"/>	Patient compliance issues	<input type="checkbox"/>	Other, specify:

Please describe how you will attempt to address these identified barriers in the educational activity.

Example: If the identified barrier is cost, you would attempt to address the barrier by stating, "The agenda will allow for the discussion of cost effectiveness and new billing practices."

14. Other Educational Strategies

Other educational strategies could be used to enhance change in your learners as an adjunct to this activity. Examples include patient surveys, patient information packets, email reminders to the learners (i.e., summary points from the lecture, new information), posters throughout the hospital, department newsletters, practice guidelines, etc.

What other educational strategies will you include in order to enhance your learners' change as an adjunct to this activity?

15. Building Bridges with Other Stakeholders

Occasionally there are other internal and/or external stakeholders working on similar issues with which you can collaborate.

Collaborator	Ways in Which Collaborator Will Enhance the Activity's Results

16. Projected Budget

Income Category	Projected Cost	Description/Comments
Registration fees: # Participants @ \$		
Other, Specify		

Expense Category	Projected Cost	Description/Comments
Save the date card		
Brochures		
Postage		
Handouts		
Faculty Honoraria		
Faculty Travel Expenses		
Other, Specify		

Total

Conflict of Interest/Disclosure Documentation

Reported COI	Guidelines for Interpreting COI	Prescribed Action for Resolution	Suggested Language for Conflict Resolution Form
LEVEL 1: No reported COI	N/A	No action required; faculty letter instructs presenter on rules.	No action required
LEVEL 2: Discloser has relationships with multiple commercial interests (e.g., speakers' consultancies, research, etc.) <u>which do not relate to the activity</u>	Validates expertise with review of CV. Activity Director determines that presentation topic(s) do not relate to speaker's relationship with commercial interests.	No action required; Faculty letter instructs presenter on rules.	Activity Director or non-conflicted Content Reviewer has reviewed the reported <u>relationships</u> and has concluded that there are no potential conflicts of interest for this activity and no further action is required
LEVEL 3: Discloser has relationships with multiple commercial interests (e.g., speakers' consultancies, research, etc.) <u>which relate to the activity</u>	Activity Director to validate speaker's expertise with review of CV.	Independent review of presentation(s) required by non-conflicted activity director or physician member of planning committee (content reviewer); <u>faculty may be restricted to discussion of evidence-based information.</u>	Activity Director or non-conflicted Content Reviewer has reviewed the <u>presentation</u> and deemed it be fair, balanced and free of commercial bias.
LEVEL 4: Discloser has significant relationships with commercial supporter(s) of activity	Activity Director to validate speaker's expertise with review of CV.	Independent review of presentation(s) required by non-conflicted activity director or physician member of planning committee (content reviewer); <u>faculty restricted to presentation of scientific data only.</u>	Activity Director or non-conflicted Content Reviewer has reviewed the <u>presentation</u> and deemed it be fair, balanced and free of commercial bias <u>and contains only scientific data.</u>
LEVEL 5: Discloser has employment relationship with commercial supporter	Speaker was chosen based on expertise and clinical knowledge that is not replicable by another presenter.	Independent review of presentation(s) required by non-conflicted activity director or physician member of planning committee (content reviewer); <u>faculty restricted to presentation of scientific data only; no discussion of treatment options permitted.</u>	Activity Director or non-conflicted Content Reviewer has reviewed the <u>presentation</u> and deemed it be fair, balanced and free of commercial bias <u>and contains only scientific data and no treatment recommendations.</u>

The Activity Director and Planners are responsible for the initial invitation to potential faculty and the request for them to complete the Conflict of Interest (COI) Reporting Form. The Activity Director must review the returned COI Reporting Form, determine if there is a potential conflict of interest and take the appropriate steps to resolve the conflict and document its resolution. If the Activity Director is unable to resolve a potential COI, he/she may refer the issue for peer review by members of the Education and Library Committee.

The COI disclosures for the Activity Director(s) and Planning Committee members must be completed and potential conflicts resolved before the CME application is submitted to the Sunrise Health System Office of CME. The COI disclosures for all faculty members must be completed and potential conflicts resolved by an activity director, physician planning committee member without conflicts, or the Office of CME before the activity takes place.

Name	Role in Activity	Date COI Signed	Off Label Use Disclosure	Type of Financial Relationship & Name of Commercial Interest	Method of Resolution (Level Identified and Resolution Implemented)
	Activity Director				
	Activity Coordinator				
	Content Reviewer				
	Content Reviewer				

CONFLICT OF INTEREST AND DISCLOSURE FORM

Purpose for Completing Form: If you plan to serve as an activity director, planner, presenter, moderator, panel member, author, or as a content validation reviewer for a CME activity sponsored by Sunrise Health System within the next twelve months, you must complete this form.

Any individual who refuses to complete this form will be disqualified from being an activity director, planning committee member, faculty/speaker, presenter/moderator, or reviewer of a CME activity sponsored by Sunrise Health System, and cannot have control of or responsibility for the development, management, presentation, or evaluation of the CME activity.

If you have any questions, please contact the Office of CME at 702.731.8777 or Amber.Carter2@HCAHealthcare.com.

PART 1 – NAME OF INDIVIDUAL COMPLETING FORM

Full Name: _____	Degree(s): _____
Affiliation: _____	Activity Role: _____
E-Mail: _____	Phone: _____

PART 2 – FAIR BALANCE, INDEPENDENCE CONTENT VALIDATION, AND LEVEL OF EVIDENCE

ACCME Content Validation Statement: All 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 contra-indications in the care of patients. All scientific research referred to, reported, or used in CME in support of justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.

- I understand my presentation slides/abstract/monograph, etc. (CME activity materials) may be peer reviewed prior to the CME activity occurring for fair balance, validation of content, and may be edited accordingly.
- I understand my live presentation and/or CME activity materials will be evaluated by participants for fair balance (e.g. degree of commercial bias).
- I attest that any and all clinical recommendations I make for patient care as part of my planning and/or CME activity materials will be based on the best available evidence, that a balanced view of therapeutic options will be given, and the content will be in accordance with ACCME's Content Validation Statement. I will also provide the level of evidence for all recommendations in the CME Activity materials.

PART 3 – COMMERCIAL BIAS

Commercial Support Standards require that your presentation be free of commercial bias and any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. Presentation must give a balanced view of therapeutic options. When discussing therapeutic options use only generic names. If it is necessary to use a trade name, then those of several companies must be used where available.

- I attest that my presentation or discussion contributions will be free of commercial bias.
- I attest that I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the Sunrise Health System Office of CME.

PART 4 – OFF-LABEL USES AND LIMITATIONS OF DATA

Should your presentation include discussion of any unlabeled/investigational use of a commercial product, you are required to disclose this to the participants. **Please indicate below whether you intend to discuss unlabeled/investigational uses of a commercial product.**

- I agree to make meaningful disclosure to the attendees of this CME activity when products or procedures I discuss are off-label, unlabeled, experimental, and/or investigational (not FDA approved), and any limitations (e.g. ongoing, unsupported) on the information that I present.
- OR -
- I do not plan on discussing unlabeled/investigational uses of a commercial product.

PART 5 – HIPAA, COPYRIGHT PERMISSION(S), AND OPPORTUNITY FOR DEBATE

- I attest that my CME activity materials will be HIPAA compliant (i.e., I will use de-identified patient information when possible).
- I agree to obtain the necessary copyright permission(s) if any portion of my CME activity materials that I prepare is not my original work or for which I do not hold the copyright.
- I agree to provide meaningful opportunity for questioning or scientific debate.

CONFLICT OF INTEREST AND DISCLOSURE FORM

PART 6 – DISCLOSURE OF ALL FINANCIAL RELATIONSHIPS

- A. List the names of proprietary entities producing health care goods or services (commercial interests¹) with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a financial relationship within the past 12 months. For this purpose we consider the financial relationships of your spouse or partner that you are aware of to be yours. **Note: If you do not have any financial relationships to disclose, please skip to D.**
- B. Delineate what you or your spouse/partner received (ex: salary, honorarium, etc.). Sunrise Health System Office of CME does **NOT** want to know how much you or your spouse/partner received.
- C. Define your (or your spouse/partner's) role.

A. Commercial Interest	Nature of Financial Relationship (Include all those that apply)	
	B. What was received? Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit	C. For what role? Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, and others.
<i>Example: ABC Pharmaceuticals</i>	<i>Honorarium</i>	<i>Speaker</i>

D. If you did not have any financial relationships to disclose, please clearly print "NONE" in the box above.

SIGNATURE

I agree to update this form within 30 days if I acquire any new financial relationships.

Signature: _____ Date: _____

(By signing, you verify that this information is true and correct.)

TO BE COMPLETED BY ACTIVITY DIRECTOR OR OFFICE OF CME UPON RECEIPT

- Action Taken:
- No relationships exist;
 - Relationships exist; reviewed by Activity Director or Office of CME. No conflict of interest exists.
 - Relationships exist; reviewed by Activity Director or Office of CME, and conflict of interest exists.
 - If this option is checked, please complete and submit the [Clinical Content Review and Validation Form](#)

Reviewer Initials: _____ Role: _____ Date: _____

¹ A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. **Note:** The ACCME does not consider providers of clinical service directly to patients to be commercial interests – unless the provider of clinical services is owned, or controlled by, an ACCME-defined commercial interest.

Summary of ACCME Commercial Support Requirements

Definition: ACCME defines a *commercial interest* as “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.” The ACCME does not consider providers of clinical service directly to patients to be commercial interests – unless the provider of clinical services is owned, or controlled by, an ACCME-defined commercial interest.

Within the context of this definition and limitation, the ACCME considers the following types of organizations to be free to control the content of CME:

- 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

Independence: All aspects of the design and implementation of an educational activity, accredited for CME, must be made free of the control, or suggestion, of commercial interests. This includes:

- Identification of the needs assessment
- Selection of speaker and content
- Selection of educational design
- Evaluation of the activity
- Selection of persons in position to control educational design and content

Resolution of potential conflict of interest: This requirement applies to all educational activities accredited for CME. All speakers and planners must provide a disclosure that includes support from commercial interests received within the 12 month period prior to the activity. In cases where a speaker or planner discloses a potential conflict of interest a planner or the program director, who has no financial relationships to disclose, must manage the potential conflict of interest by completing a “speaker’s checklist”. (provided by the Sunrise Health System Office of CME)

- All speakers and planners must disclose, to the audience, whether or not they have a financial relationship(s) with a commercial interest(s) prior to the activity. The education provider must be able to document that the appropriate disclosures have been made and include the documentation with the sign-in sheets for the activity date.

Advertising: Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

Expenses: A commercial interest may **NOT** pay expenses associated with a CME activity directly to a vendor or speaker under any circumstances. (This includes providing food or other enticements for a CME activity)

It is the policy of Sunrise Health System Office of CME to **not certify commercially-supported activities**. This means neither a joint-provider nor the Sunrise Health System OCME can submit grant requests, receive funding from a commercial interest, or accept exhibit fees to support any portion of the CME program.

ACKNOWLEDGEMENT AND SUBMISSION

I have read and understand the summary of ACCME Commercial Support Requirements. I understand that failure to adhere to the requirements above will lead to suspension or revocation of CME credit.

By signing this form, the Sunrise Health System Office of CME and Sunrise Health System Department(s) have agreed to carry out the respective responsibilities as outlined above. The SHS Office of Continuing Medical Education reserves the right to withdraw certification for CME credit if any the above requirements are not fulfilled.

ACCREDITED PROVIDER

(SHS OCME)

NON-ACCREDITED Provider

 Signature

 Amber Carter, CHCP
 Print Name, Office of CME

 Date

 Signature

 Print Name, Activity Director

 Date

Please submit the completed:

- ❖ Application questionnaire, including the preliminary budget, conflict of interest/disclosure documentation, and completed conflict of interest form(s) and
- ❖ All subsequent documents by email, fax, or mail to:

Amber Carter, CHCP
Amber@SunriseCME.com
Amber.Carter2@HCAHealthcare.com
 Fax: 877-567-1075

Sunrise Hospital and Medical Center
 Office of Continuing Medical Education
 3186 S. Maryland Parkway
 Las Vegas, NV 89109

APPENDIX A

The American Board of Internal Medicine (ABIM) and Accreditation Council for Continuing Medical Education (ACCME®) share the expectation that accredited providers evaluate the impact of their activities on learners' knowledge, strategies/skills, performance, and/or patient outcomes. The following examples of evaluation approaches have been compiled as a resource for accredited providers. These are only examples—and not an exhaustive list—of the methods that can be used by the accredited provider in CME that supports ABIM Maintenance of Certification (MOC).

ABIM requirements for evaluation of live activities can be found in the [ABIM Medical Knowledge Assessment Recognition Program Guide](#). ACCME requirements related to evaluation can be found in [Criterion 11](#) of its Accreditation Criteria.

Important Tips:

- The accredited provider may choose to evaluate the activity at the session level or at the activity level. As well, the provider does not need to be limited to a single method of evaluation per activity. Combinations of approaches to evaluation may produce rich information about learner change.
- The accredited provider must be able to demonstrate that the learner has participated in/completed the evaluation (i.e. via scenarios below or some other method the provider uses) for the educational activity in order to submit the learner's participation data for the MOC CME activity.
- If the activity is selected for audit, the accredited provider will be asked to submit the evaluation mechanism, a description of how the evaluation was implemented and how feedback was provided to learners, and a list of the diplomates who met the passing standard.

Evaluation Mechanism	Evaluation Method	Passing Standard	Feedback Method
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages.	Learner actively participates in the conversation as judged by a group leader or observer.	The outcome of the case is shared.
Written responses	Learners write down what they have learned and indicate commitment to change or maintain an element of practice.	Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.	Leader/facilitator summarizes what was discussed and best next steps for learners.
Audience response system	Learners select answers to questions using the ARS.	Learner attempts an acceptable number of questions. Threshold set by provider.	Answer to each question is shared in dialog or writing.
Quiz	Learners complete answers to a quiz during or after an activity.	Fraction of answers correct set by provider.	Best answer to each question is discussed or shared.
Table-top exercise	Learners write down next steps in an evolving case at various set points.	Learner writes a possible next step to each question.	Best practice at each step is discussed or shared after each set point.
Simulation	Learners demonstrate strategy/skill in a simulated setting – could be role-play or formal simulation lab.	Learner participates in simulation as judged by a facilitator or observer.	Best practice or technique is discussed and shared throughout, or at the conclusion of, the simulation.

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APPENDIX A Continued

Outcomes Assessment Methodology/Options:

Sunrise Health System espouses the model described by Donald Moore, Jr., PhD, Joseph Green, PhD, and Harry Gallis, MD in developing our outcomes-based evaluations. We work closely with our partners to determine which techniques will yield the best results.

The Moore, Green, and Gallis model describes 7 outcome levels as follows:

- Level 1 Participation
- Level 2 Satisfaction
- Level 3A Learning: Declarative Knowledge (Knows)
- Level 3B Learning: Procedural Knowledge (Knows How)
- Level 4 Learning: Competence (Shows How)
- Level 5 Performance (Does)
- Level 6 Patient Health
- Level 7 Community Health

All of the activities facilitated by Sunrise Health System are assessed for Levels 1, 2 and 3 by our registration data (Level 1) and our standard activity evaluation which asks participants to rate their level of satisfaction with the activity (Level 2) and the degree to which they believe the learning objectives were met (Level 3A).

Measurement of objectives achieved

Activity participants are tested based on the behavioral learning objectives established for a CME activity. For example, one of the objectives might be – “At the conclusion of this activity, participants will be able to list three of the currently approved statin drugs.” As part of the evaluation form, participants would be asked to actually list three of the currently approved statin drugs. In the absence of a pre-test, there is no guarantee that the learning occurred as a result of the activity. Yet, this process demonstrates whether or not the objectives were achieved – important information for the faculty and CME staff.

Sunrise Health System currently uses the following types of outcomes assessments to measure Level 3B, Level 4, and Level 5 outcomes, ie. procedural learning, competence, and performance based changes:

Pre- and post-tests

Activity participants complete multiple choice questions concerning activity content before and immediately after a CME activity. This method measures learning that occurred as a result of the activity. The benefit of this type of measurement is that the participants, the faculty and the CME staff have immediate feedback regarding what learning has occurred (Level 3B measurement). This method may not necessarily predict retention of the learning or change in performance.

Commitment to Change

Participants of live activities are asked to write one to three changes that they plan to make as a result of our activities (Level 4 measurement). Jocelyn Lockyer and her associates have found that a commitment to change (CTC) predicts actual change in practice. According to Lockyer, et. al., “Three quarters of CTCs were fully or partially implemented” in her study (p. 76). A summary of these reveals the immediate impact of the CME activity, providing useful needs assessment data for planning future activities.

Post activity surveys (“fax-back” surveys)

Post activity surveys go further in measuring change by venturing into performance based change – the Level 5 outcome. Participants are asked, at the conclusion of a CME activity, to list three changes that they intend to make as a result of the activity.

Within three months of the CME activity, the SHS OCME staff will fax, mail, or email the CME activity participants and ask them if they have fully implemented, partially implemented or were unable to implement the changes they intended to make.

The limitation of this data is that it is self-reported. However, in the absence of actual observation of a physician’s performance in practice, this information serves as a surrogate marker that, according to Lockyer’s research, is indicative of actual change.

Case based assessment

In a comparison of chart audits, standardized patients (where actors take on the role of patients and physicians are evaluated on their interactions with the “patients”), and case vignettes, case vignettes were found to be as effective as the other two methods in determining outcomes. Aimed at measuring Level 3B and Level 4 outcomes, we have asked physicians in live meetings to answer key multiple choice questions in response to a case presentation. The cases and questions are presented before and after the CME activity to measure learning. Case vignettes can also be administered to a control group, ie. a group of physicians who share a professional profile with the activity participants but who did not participate in the activity.

Options: Customized pre and post-test, physician or patient surveys, adherence to guidelines, case-based studies, chart audits, measure mortality and morbidity rates, obtain patient feedback and surveys, observed changes in health status measures, and quality/PI reporting.

APPENDIX B

CME planners are required to address nationally-established goals for physician core competencies, as developed by the Institute of Medicine, Accreditation Council on Graduate Medical Education (ACGME), Association of American Medical Colleges (AAMC) and/or the American Board of Medical Specialties (ABMS) related to specialty maintenance of certification. The following chart lists all of these related national and prioritized competencies.

Institute of Medicine Core Competencies	ABMS (MOC)/ACGME Competencies	AAMC Competencies
<p>1 Provide patient-centered care – 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 educated patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of health lifestyles, including a focus on population health.</p> <p>2 Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.</p> <p>3 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.</p> <p>4 Apply quality improvement – 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; and design and test interventions to change processes and systems of care, with the objective of improving quality.</p> <p>5 Utilize informatics – communicate, manage, knowledge, mitigate error, and support decision making using information technology.</p>	<p>6 Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</p> <p>7 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</p> <p>8 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</p> <p>9 Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals</p> <p>10 Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population</p> <p>11 Systems-based practice, as 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.</p>	<p>12 Evidence of professional standing, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.</p> <p>13 Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning.</p> <p>14 Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues such as ethics and professionalism.</p> <p>15 Evidence of evaluation of performance in practice, including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.</p>

Appendix C

EDUCATIONAL FORMATS AND THEIR RATIONALE¹

FORMAT	RATIONALE
Lecture/ presentation	Provide a large amount of information (knowledge) in a limited amount of time. Allows faculty to talk about a chosen topic.
Panel discussion	Provide an opportunity for experts or a group of learners to present differing viewpoints on a topic, issue, or problem to other panelists and the audience (learners).
Self-Directed Learning/ Computer-aided instruction/Journal	Provides an opportunity for adults to learn the subject at their own pace. An effective method of providing active learning with immediate feedback and re-enforcement.
Group discussion	Provides an opportunity for learners to think together constructively for purposes of learning, solving problems, making decisions, and/or improving human relationships.
Case study	Provides an account of an actual problem or situation an individual or group has experienced. An effective method of provoking controversy and debate on issues for which definite conclusions do not exist.
Problem solving	Provides the opportunity for learners to solve a problem through the collection, application, and assessment of information. An effective teaching method to encourage learners to inquire into, and think critically about, a topic.
Role play	Provides learners with the opportunity to experience common human relations problems, practice communication skills in a secure environment.
Brainstorming	Solicits creative ideas or to identify possible solutions to problems. Allows learners to express opinion and ideas without the threat of being judged by other learners.
Demonstration	Models the correct step by step procedures needed when performing a specified task.
Role Modeling/Mentoring	Provides the learner with one on one access to expert. Learning takes place over time with opportunities to reflect, apply, question.
Journal Club	Provides a format for discussion of journal articles. Useful for a group with similar interests to share opinions and discuss published literature in a organized, face to face fashion.
M&M	Provides a safe venue for presentation of cases by learners with possible untoward outcomes. Allows peer interaction with current problems in practice.
Patient Simulation	Provides a standardized method for a group of physicians to compare their individual skills of diagnosis, treatment and management of a patient with their peers
Games	Provides an interactive and competitive process to validate new learning in a positive emotional situation
Chart Audit	Peer or Self

¹ Adapted from *Effective Adult Learning* by Birkenholz

APPENDIX D

Resources for Identifying Physician Practice Gaps

Agency for Healthcare Research and Quality	www.ahrq.gov/
American Board of Medical Specialties	www.abms.org
American Cancer Society	www.cancer.org
American College of Medical Quality	www.acmq.org/
American Heart Association	www.americanheart.org
American Medical Association	www.ama-assn.org/ama/pub/category/2936.html
American Society for Quality, Health Care Division	www.asq.org/healthcare
Centers for Disease Control and Prevention	www.cdc.gov/
Centers for Medicare & Medicaid Services	www.cms.hhs.gov/
CRICO/RMF	www.rmfm.harvard.edu
Inst. for HC Improvement (5 Million Lives Campaign)	www.ihc.org/ihc
Institute for Safe Medication Practices	www.ismp.org/
Joint Commission	www.jointcommission.org
Journal of the American Medical Association	www.jama.ama-assn.org
Medicare Quality Improvement Community	www.MedQIC.org
National Association for Healthcare Quality	www.nahq.org/
National Cancer Institute–President’s Cancer Panel	www.cancer.gov
National Committee for Quality Assurance	www.ncqa.org
National Institute of Mental Health	www.nimh.nih.gov/healthinformation/statisticsmenu.cfm
National Institutes of Health	www.nih.gov
National Library of Medicine	www.nlm.nih.gov/hsrinfo/datasites.html
National Patient Safety Agency	www.npsa.nhs.uk/
National Patient Safety Foundation	www.npsf.org/
National Quality Forum	www.qualityforum.org/
National Quality Measures Clearinghouse	www.qualitymeasures.ahrq.gov/
New England Journal of Medicine	www.nejm.org
Office of National Drug Control Policy	www.oncp.gov/
Partnership for Patient Safety	www.p4ps.org/
Patient Safety Institute	www.ptsafety.org/
Physician Consortium for Performance Improvement	www.physicianconsortium.org
Press Ganey Associates	www.pressganey.com
Quick Health Data Online	www.4women.gov/quickhealthdata
Robert Wood Johnson Foundation	www.rwjf.org/
SAMHSA’s National Mental Health Information Center	www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/
The Leap Frog Group	www.leapfroggroup.org
The Office on Women’s Health	www.4women.gov/owh
US Dept. Health & Human Svcs. (Ofc Surgeon General)	www.surgeongeneral.gov/index.html
US Dept. Health & Human Svcs. (Hosp. Comparisons)	www.hospitalcompare.hhs.gov
US Department of Health & Human Services	www.hhs.gov
VA National Center for Patient Safety	www.va.gov/NCPS/

APPENDIX E

Writing a Curriculum

Quality learning experiences depend on a well-planned curriculum designed to meet your learners' needs.

A strong curriculum lays the groundwork for successful CME. Your curriculum should address your learners' needs and their resources, and should include three components:

- ❖ Clear educational objectives: What will your participants learn?
- ❖ Detailed instructional methods: How will you teach them this material?
- ❖ Integrated feedback mechanisms: How will you determine what they learned?

Assess General Needs

Identify the major problem your program will address. Demonstrate its scope and importance with hard data, including references and/or statistics. Are physicians obtaining inadequate information from patients? Are treatments for a condition applied inconsistently? How does the current situation fall short of an ideal situation? If the problem is solved, how will patient care or patient outcomes be affected?

Identify Your Learners' Needs

Think about the healthcare professionals you want to target and describe the specific education gap your program will fill. Use data to support your claims in this section as well. Show that an education gap exists, and show its effects on patient care and outcomes. What resources do your targeted learners already have? How does your proposed content fit their scope of practice?

Establish Specific, Measurable Objectives

Clear, measurable objectives tell your learners what to expect from your program. They also help you select appropriate teaching strategies and develop useful methods for assessment.

Work to make your program's objectives SMART: Specific, Measurable, Achievable, Realistic and Time-bound. You may also find [Bloom's Taxonomy](#) useful. It categorizes educational activities into three domains—cognitive, affective and psychomotor—and identifies levels of learning within the cognitive and affective domains. Comparing your objectives to these categories can clarify them and help you determine the best ways for your curriculum to meet them.

Choose Your Educational Strategies

How can you use hands-on experience, group learning or other interactive teaching methods? What methods will make the best use of your learners' resources to meet your objectives? How will you measure your program's success at filling the education gap you identified?

Plan Your Program's Details

A well-organized environment dramatically improves your learners' experience. Plan out your program's details well ahead of time and review your plan shortly before your activity takes place. Revise, clarify or add to your plan as needed. Your evaluations will reflect the time you spend planning.

How will you communicate the program's objectives to your learners? Outline exactly what material you will cover and the teaching methods you will use. If your activity includes multiple speakers or several events over a period of time, how will you build these elements into a single, meaningful program? How will you address unexpected events, such as delayed speakers, faulty equipment or questions outside the program's scope?

Evaluation and Feedback

Design feedback mechanisms to assess your learners' performance and evaluate your program. Our programs commonly use ratings forms, self-assessment forms, questionnaires, tests, direct observation, performance audits and group discussions for evaluation and feedback.

Your program objectives inform the teaching methods you develop, and the effects of your teaching methods show up in data from your feedback mechanisms. This data helps you reframe your program objectives on an ongoing basis.