Novant Health
Office of Continuing Medical Education

Novant Health Forsyth Medical Center
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APPLICATION FOR *AMA PRA Category 1 Credit*™

INSTRUCTIONS:

- **Application**: This application must be submitted for the activity to be considered for CME credit. Submission of this application does not constitute approval. Approval for an activity is awarded for one calendar year. Applications should be submitted at least **two (2) months** prior to the intended start date in order for the Novant Health Office of Continuing Medical Education (NHOCME) to review and approve the activity.

- **Conflict of Interest (C7)**: **Each individual who has the opportunity to influence content (planning committee member, author, moderator, faculty, presenter, etc.) must complete the attached Conflict of Interest Disclosure Form in advance of the activity in a reasonable time for the NHOCME to review and resolve any potential conflict of interest (COI).** Any individual who refuses to submit this form will be barred from participating in the activity. For more information on the NHOCME COI policy and procedure, contact the CME Manager at 336-718-5987.

- **Course/Series Renewal**: Contact the CME Manager before the end date of the ongoing course/series for renewal paperwork.

- **NCMS/ACCME Criteria**: Novant Health is accredited by the North Carolina Medical Society to provide CME credit. It is the responsibility of the CME Department to document compliance with NCMS and ACCME criteria before approving an educational activity for CME credit.

ATTACHMENTS:

Preliminary Estimated Budget Form
Novant Health CME Mission Statement
Conflict of Interest Disclosure Form
NHOCME Exhibitor Form

Date of Application:	
Title of Activity:	
Proposed Start/End Dates:	
Dept. Requesting CME Credit:	
Course/Series Frequency, Day(s)/Time:	
Location of Activity:	
Target Audience (C4):	
Course Director (include name, affiliation, phone, email):	
Activity Coordinator (include name, affiliation, phone, email):	
Planning Committee Members (include names, affiliations, phones, emails):	
JOINT: Other Organizations/Planning Partners (include names, affiliations, phones, emails) (C20):	
Type of Activity (C5):	☐ Course/Series (live - grand rounds, M&M, tumor board, peer review) ☐ Symposium/Conference (live – **include agenda w/application**) ☐ Internet/Intranet Activity (live) ☐ Performance Improvement Project ☐ Enduring Material (I-Learn Computer Course, DVD, CD, Webinar, Manual, Booklet, etc.) (specify: ____________________) ☐ Other (specify: ____________________)

PLANNING PROCESS:
LEARNING NEEDS/PRACTICE GAP IDENTIFICATION

<table>
<tr><td rowspan="2">C2
C3
C5
C6</td><td colspan="3">The planning process should identify the learning needs of the target audience and document how those needs were identified.

DATA SOURCE: Types of Gaps (K=Knowledge; C=Competence; P=Performance) <u>Identify at least two resources used to identify the professional practice gap(s) that will be addressed by this activity:</u></td></tr>
<tr><td>Expert Resource
☐ Planning committee (K)
☐ Departmental chair (K)
☐ Activity faculty (K)
☐ Expert panels (K)
☐ Peer-reviewed literature (K)
☐ Research (K)
☐ Chart Reviews (K)
☐ Legal or regulatory requirements (OSHA, JCAHO, IRB) (C)
☐ Minutes from any committee meeting in which an educational need is identified (K)
☐ Other (please specify):
______________________</td><td>Participant Resource
☐ Previous related evaluation summary (K)
☐ Focus groups/interviews (K)
☐ Needs survey/questionnaire (K)
☐ Implementation of new clinical practice guidelines or clinical pathway (K)
☐ Other requests from physicians (K)
☐ Other (please specify):
______________________</td><td>Observed Resource
☐ QA analyses (C,P)
☐ Mortality/Morbidity data (C,P)
☐ Epidemiological data (C,P)
☐ National clinical guidelines (NIH, etc) (C,P)
☐ Specialty society guidelines (C,P)
☐ Database analyses (Rx changes, diagnosis) (C,P)
☐ Other (please specify):
______________________</td></tr>
<tr><td></td><td colspan="3">What professional practice gap(s) is this activity addressing (the difference between actual and ideal performance and/or patient outcomes)?</td></tr>
<tr><td></td><td colspan="3">How will the design of this activity promote changes in physician competence, performance, and/or patient outcomes?</td></tr>
<tr><td>C19</td><td colspan="3"><u>Patient Safety</u>: Planners should examine activities for patient safety concerns in accordance with the national public interest. Please list issues of patient safety associated with these educational interventions that need to be addressed in this activity:

☐ There are no patient safety issues applicable to this activity

☐ The following patient safety issues will be addressed in this activity: ______________________
______________________</td></tr>
</table>

C1	**<u>The Novant Health CME Mission Statement is attached at the end of this application.</u>** How does this activity fit within the mission of the CME Department?
C17	Will you utilize any non-educational strategies/tools to support changes that this CME activity is promoting (e.g. patient surveys, learner surveys, checklists, follow-up reminders, etc). If yes, describe:
C6	Which physician competencies will this activity address (check all that apply)? **Institute of Medicine Core Competencies:** ☐ Provide Patient Centered Care ☐ Work in Interdisciplinary Teams ☐ Employ Evidence-Based Practice ☐ Apply Quality Improvement ☐ Utilize Informatics **ACGME/ABMS Core Competencies:** ☐ Patient Care ☐ Medical Knowledge ☐ Professionalism ☐ Practice-Based Learning/Improvement ☐ Interpersonal & Communication Skills **ABMS Maintenance of Certification:** ☐ Professional Standing ☐ Commitment to Lifelong Learning ☐ Cognitive Expertise ☐ Performance in Practice
C19	Did your planning process consider barriers that physicians may encounter when trying to make the change(s) this CME activity is designed to promote (check all that apply)? ☐ No barriers ☐ Insurance/reimbursement issues ☐ Cost ☐ Patient compliance ☐ Lack of time to assess/counsel patients ☐ Lack of administrative support/resources ☐ Lack of consensus on professional guidelines ☐ Other (specify): ____________________
	Do you plan to address the barriers listed above in the CME activity (if applicable)? If yes, how?

EDUCATIONAL OBJECTIVES	**C2,C3,C4,C5,C6,C10**
<u>Learning objectives must be written from the learner's perspective of what you expect the learner to do in the practice setting with the information you are teaching</u>. **All activity objectives must be approved by the NHOCME in advance, and must be included in promotional materials, instructional materials provided at the activity, and reiterated on the evaluation form.** You must express all objectives in measurable, behavioral terms, and demonstrate the connection between identified needs and the desired results. **Please provide at least 3 – 4 objectives for the activity.**	

Learning Objectives A good learning objective uses verbs such as “implement”, “demonstrate”, “apply”, “exhibit”, “identify”, or other verbs that are oriented to the learner’s performance. (i.e. What should the learners be able to apply to their profession after they participate in the educational activity?)	**Gap Identified** K=Knowledge C=Competency P=Performance
	☐ Knowledge ☐ Competence ☐ Performance
	☐ Knowledge ☐ Competence ☐ Performance
	☐ Knowledge ☐ Competence ☐ Performance
	☐ Knowledge ☐ Competence ☐ Performance
	☐ Knowledge ☐ Competence ☐ Performance

How do you intend to make these objectives known to the prospective participants and faculty (check all that apply)?

☐ Letters to faculty informing them of the course objectives.

☐ Brochure/promotional literature (pre-approved by the NHOCME before publishing)

☐ Syllabus (pre-approved by the NHOCME before publishing)

☐ Announcement prior to the beginning of the activity

☐ Other: ____

INSTRUCTIONAL METHOD(S) – Types of Gaps (K=Knowledge; C=Competence; P=Performance) (C5)
What method(s) of instruction will be utilized during this activity (check all that apply)?

☐ Case presentation(s) (K,C)

☐ Lecture(s) (K)

☐ Panel discussion(s) (K)

☐ Small group discussion(s) (K)

☐ Question & answer session(s) (K)

☐ Interactive response system (K)

☐ Simulated patients(s) (C,P)

☐ Simulation lab session(s) (C,P)

☐ Mentoring/coaching (K,C,P)

☐ Remote site teleconference(s) (K)

☐ Other (specify): ______________________________

FACULTY/PRESENTERS/AUTHORS

List on a <u>separate attachment</u> all proposed speakers, their credentials, and affiliations (CVs must be provided once speakers are finalized). **C7,C10**

Rationale for selection of this faculty (select all that apply):

☐ Subject matter expert ☐ Excellent teaching skills/effective communicator ☐ Experience in CME

☐ Other: ____

COMMERCIAL SUPPORT

The attached Preliminary Estimated Budget Form must be completed if the planning committee anticipates incurring any expenses and/or receiving any revenue associated with this activity. Budget will be finalized after the activity is complete. **C7,C8,C9,C10**

If you **<u>do not</u>** anticipate receiving any commercial support for this activity, please check here: ☐

The NHOCME adheres to the ACCME Standards for Commercial Support for Continuing Medical Education (www.accme.org). **Grants must be coordinated through the NCOCME. All commercial grant support must be documented by a signed Letter of Agreement.** Exhibit fees are not considered commercial support by the ACCME. However, potential exhibitors should also be listed below. The NCOCME exhibitor form is attached for your use in procuring vendor support.

If available, please complete the following information for each commercial supporter expected (attach a separate sheet if necessary):

Company:
Rep's Name/Email:

Company:
Rep's Name/Email:

Company:
Rep's Name/Email:

Company:
Rep's Name/Email:

DISCLOSURE OF CONFLICTS OF INTEREST AND COMMERCIAL SUPPORT

All conflicts of interest and commercial support must be provided/announced to the participants <u>PRIOR TO</u> the start of the activity. What methods will be used (check all that apply)?

☐ Written announcement ☐ Slide ☐ Other: ________________________

☐ Verbally from the podium/lectern (NHOCME Audience Disclosure form must be completed verifying verbal compliance)

EDUCATION MATERIALS

Participants may receive education materials submitted by the presenters. However, these materials cannot contain any commercial or promotional information, references to product trade names, commercial logos, or references to commercial goods and services. **<u>Prior to duplication, all education material must be reviewed by the NHOCME for compliance.</u>**

EVALUATION METHOD

Each CME activity must be evaluated for its effectiveness in meeting its identified educational need(s). How do you plan to determine the effectiveness of this activity? **All evaluation methods must be approved by the NHOCME**. **Types of Gaps (K=Knowledge; C=Competence; P=Performance)** Check all that apply: **C11,C12**

- ☐ Post activity evaluation (measures immediate impact of learner's perceived change of practice) (K, C)
- ☐ Pre-test (measures current knowledge) (K, C)
- ☐ Post-test (measures knowledge transfer or new skill) (K, C)
- ☐ Audience response system (measures immediate learning) (K,C)
- ☐ Other (describe): ____
- ☐ Post activity outcomes measurement (future outcomes measurement for change in practice) (P)

  Select measurement method:

  - ☐ Post activity participant survey (K)
  - ☐ Peer-review (C,P)
  - ☐ Chart audits for physician behavioral change (P)
  - ☐ Focus group (discussion group of attendees) (K,C,P)
  - ☐ Other patient data review for changes in physician practice/behavior (P)
  - ☐ Other health indicators (describe) ________________________________

    How soon after the activity will the outcomes measurement take place?

    ☐ 1 month ☐ 3 months ☐ 6 months ☐ Other ____________________

PHYSICIAN PARTICIPATION AND AFFIRMATION – The Novant Health Office of CME requires physician input into the planning and implementation of each activity designated for credit. Your signature serves to verify that involvement. An activity coordinator/ planner may also sign. Our signatures below confirm that to the best of our ability this activity has been planned and implemented in accordance with all NHOCME policies and procedures and the ACCME and NCMS criteria for CME activities:

____

Signature of Physician (Course Director) Date: ____________

____

Signature of the NHOCME Representative Date: ____________

NHOCME USE:

The Novant Health Office of CME ☐ **APPROVES** or ☐ **DOES NOT APPROVE** this educational activity for a total of

_____ ***AMA PRA Category 1 Credits™***.

PRELIMINARY ESTIMATED BUDGET

Will participants be charged a fee? ☐ Yes ☐ No

Proposed fees: Physicians _________ NPs/PAs _________ RNs __________ Others ________

Expected number of participants: Number of MDs/DOs: ___________

Number of Others: ___________

If this activity was implemented in the previous year, or is a repeat in any way, please provide a copy of the most recent reconciled Financial Budget for that activity.	**REVENUE ▼**
Anticipated revenue from registration fees:	
Anticipated revenue from commercial support (grants):	
Anticipated revenue from exhibitors:	
Other anticipated revenue: Please describe:	
TOTAL EXPECTED REVENUE:	
	EXPENSES ▼
Honoraria: all speakers' honoraria and expenses must be paid directly by the sponsoring dept, NHOCME, or the educational partner; no funds may flow directly from commercial supporters to presenters. # of Speakers: _______ @ $ __________ per speaker = total honoraria: ▶▶	
Speakers' travel, lodging, meals, ground transportation, etc..:	
Food & beverage expenses (inc. bkfst, lunch, breaks, receptions, etc. – inc. tax & gratuity):	
Hotel/conference center or other venue/meeting room charges:	
Audio-visual equipment/labor/set-up:	
Education materials (syllabi, handouts, CDs, etc.):	
Registration brochure (design, printing, postage), advertising & marketing expenses:	
Miscellaneous expenses (decorations, speakers gifts, etc.):	
NHOCM Credit Designation, Staff overtime, Mgmt fees, etc.:	
TOTAL EXPECTED EXPENSES:	
PROJECTED BALANCE:	

Novant Health
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Mission Statement

Purpose

Novant Health's core mission is to provide quality healthcare services to the communities served by Novant Health facilities, and establish the foundation that supports continuing medical education. Novant Health's CME Office provides high quality education that enables healthcare professionals, principally physicians, to advance the provision of quality patient care and best practice standards.

Content Areas

Learning needs and practice gaps are identified through multiple sources. This includes needs assessment surveys, individual activity and end-of-series evaluations, medical staff recommendations, M&M and QI data, review of clinical research, and medical literature reviews. Most CME activities focus on one or more of the following areas: evidence-based clinical medicine and research, practice-based learning and improvement, systems-based medicine, patient care and safety, interpersonal and communication skills, business and leadership skills, and cultural competence.

Target Audience

The primary target audience of CME activities includes physicians, physician assistants and nurse practitioners. Depending on content, some activities may include other healthcare professionals.

Type of Activities

- Single and Multi-Day Specialty Conferences
- Regularly Schedule Series/Grand Rounds
- Case-Based Programs (tumor boards, M&Ms, Peer reviews)
- Performance Improvement Activities
- Enduring Materials
- Joint Providership activities with local organizations when appropriate

All CME activities are developed in accordance with the North Carolina Medical Society's Essentials and Standards of Accreditation, the ACCME's Standards for Commercial Support of Continuing Medical Education, and Novant Health's corporate policies and procedures governing Continuing Medical Education.

Expected Results

The expected results are the learner will be able to report with confidence their ability to apply knowledge gained, address quality improvement issues, and apply best practice standards in the provision of care. Overall, the Novant Health CME program should succeed in the transmission of knowledge leading to increased physician competence and enhanced performance, thereby leading to improved patient outcomes.

Approved by: Novant Health CME Committee October, 2016

Novant Health CME Office – Conflict of Interest Disclosure Form

It is the policy of the Novant Health CME Office to ensure balance, objectivity, independence, and scientific rigor in all CME activities. **Anyone engaged in activity content development, planning, or presentation is expected to complete this form** and disclose to the audience any conflict of interest (COI) with a commercial interest occurring within the last 12 months that may have a direct bearing on the subject matter of the CME activity. A conflict of interest is present when individuals in a position to control content of CME have any personal or professional financial relationship with a commercial interest that benefits the individual and may ultimately bias the presentation of that content to participants. A commercial interest is 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. The intention of this form is to have COI identified to learners so they may form their own judgment regarding possible bias in the content presented.

Name (PRINT): ____ **AV Needs:** __________________

Activity Title: ____

Date/Time/Location: ____

Roles in this Activity: ☐ Presenter ☐ Author ☐ Course Director ☐ Moderator ☐ Planner

DISCLOSURES:

Yes	No	
☐	☐	Will you communicate all drugs in the presentation in a non-biased manner?
☐	☐	Will you be discussing a product that is still investigational or not labeled for the use under discussion? If Yes, Explain: ____
☐	☐	Do you (or your spouse/partner) have a personal or professional relationship with a commercial interest (within the last 12 months) that may have a direct bearing on this CME activity? **If "No", skip to the DECLARATION section. If Yes, list disclosures and approaches to resolution:**

Commercial Interest	Nature of Relevant Financial Relationship
Name of Company	Employee, grant/research support recipient, board member, independent contractor, stock shareholder (excluding mutual funds), speaker's bureau, consultant, royalty recipient, conducted clinical trials, holder of intellectual property rights, other.
1.	
2.	
3.	

The following mechanisms have been identified as resolutions to conflicts of interest. Check all that apply and sign the DECLARATION below:

Presenter/Moderator:

☐ I will submit my presentation in advance to allow for adequate peer review.
☐ I will recommend an alternative presenter for this topic for the planning committee's consideration.

Course Director/Author/Planner:

☐ I will ensure that all content is independent of commercial bias.
☐ I will recuse myself from planning activity content in which I have a conflict of interest.

DECLARATION

1. I attest that I will comply with ACCME Standards for Commercial Support of Continuing Medical Education to ensure that this CME activity is free of commercial bias or the appearance thereof.
2. I will base all clinical recommendations on evidence that is accepted within the profession of medicine as adequate justification in the care of patients.
3. All scientific research referred to in support of a patient care recommendation will conform to generally accepted standards of experimental design, data collection, and analysis.
4. My signature below indicates my agreement to disclose to the attendees any conflict of interest, limitations of data and/or any discussion of off-label, experimental, and/or investigational use of drugs or devices in my presentation.

Signature: ____ **Date:** ______________________

RETURN TO: Kathy Gaydos, CME Program Manager: kagaydos@novanthealth.org or by E-Fax at 336-277-0858

Novant Health
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Activity Title: Date of Event:
Venue: Time:

EXHIBITOR PARTICIPATION POLICY

The presence of exhibitors at CME activities sponsored by the Novant Health Office of Continuing Medical Education (NHOCME) can contribute to an overall positive educational experience for course participants. NHOCME will provide exhibitor services conducive to exhibit viewing. NHOCME adheres to the ACCME Standards for Commercial Support, which cites restrictions about the placement of exhibits at a CME activity offered by an accredited sponsor. Educational materials that might be made available to course participants include information about new medical equipment and/or devices, clinical trials, investigating drugs relevant to the topic of the course, and scientific efficacy studies. The distribution of drugs and other samples is not permitted.

NHOCME allows exhibitors to assign up to two representatives per exhibit. Representatives are permitted to attend program sessions but must at all times refrain from soliciting sales and/or other business in the education areas. Representatives are not permitted to leave the exhibit and activity area and enter the hospital, clinical areas, or patient areas.

I have read the exhibitor participation policy and will comply:

Signature: ______________________________ Date: ______________

Exhibitor Information:

Name of Company/Organization: ______________________________

Representative(s):______________________________

Email Address: ______________________________

Mailing Address: ______________________________

City/State/Zip: ______________________________

Telephone: ______________________ Fax: ______________________

Exhibit Display Fee:
$______________

☐ Check Enclosed: $_________, made payable to:
Novant Health ______________, EIN #__________

☐ Please charge my: VISA / MASTERCARD / AMERICAN EXPRESS
Card # ______________________________
Expiration Date ______________________________
Name on Card ______________________________

Please return this completed form to: ______________________________