

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 **three (3) months** prior to a symposium/conference and **one (1) month** prior to the start of a series in order for the Novant Health Office of Continuing Medical Education (NHOCME) to review and approve the activity.
- **Conflict of Interest:** 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 Office at 336-718-5987.
- **Course/Series Renewal:** The CME Office will contact the Course Director before the end date of the ongoing series for renewal verification (a new application is not required).
- **NCMS/ACCME Criteria:** Novant Health is accredited by the North Carolina Medical Society to provide CME credit. It is the responsibility of the CME Office to document compliance with NCMS and ACCME criteria before approving an educational activity for CME credit.

ATTACHMENTS:

NHOCME Mission Statement
Conflict of Interest Disclosure Form
Exhibitor Form Template

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:	
Course Director (include name, affiliation, phone, email):	
Activity Coordinator (include name, affiliation, phone, email):	
Planning Committee Members (include names, affiliations, phones, emails):	
JOINT: Other non-Novant Health Planning Partners (include names, affiliations, phones, emails):	
Type of Activity:	<input type="checkbox"/> Course/Series (live - grand rounds, M&M, tumor board, peer review) <input type="checkbox"/> Symposium/Conference (live – include agenda w/application) <input type="checkbox"/> Internet/Intranet Activity (live) <input type="checkbox"/> Performance Improvement Project (3-stage activity) <input type="checkbox"/> Enduring Material (I-Learn Computer Course, DVD, CD, Recorded Webinar, Booklet, etc.) (specify: _____) <input type="checkbox"/> Other (specify: _____)

PLANNING PROCESS

Identify at least two resources used to identify the professional practice gap(s) that will be addressed by this education:

Data Source Types of Gaps (K=Knowledge; C=Competence; P=Performance)

Expert Resource	Participant Resource	Observed Resource
<input type="checkbox"/> Planning committee (K) <input type="checkbox"/> Departmental chair (K) <input type="checkbox"/> Activity faculty (K) <input type="checkbox"/> Expert panels (K) <input type="checkbox"/> Peer-reviewed literature (K) <input type="checkbox"/> Research (K) <input type="checkbox"/> Chart Reviews (K) <input type="checkbox"/> Legal or regulatory requirements (OSHA, JCAHO, IRB) (C) <input type="checkbox"/> Minutes from any committee meeting in which an educational need is identified (K) <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Previous related evaluation summary (K) <input type="checkbox"/> Focus groups/interviews (K) <input type="checkbox"/> Needs survey/questionnaire (K) <input type="checkbox"/> Implementation of new clinical practice guidelines or clinical pathway (K) <input type="checkbox"/> Other requests from physicians (K) <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> QA analyses (C,P) <input type="checkbox"/> Mortality/Morbidity data (C,P) <input type="checkbox"/> Epidemiological data (C,P) <input type="checkbox"/> National clinical guidelines (NIH, etc) (C,P) <input type="checkbox"/> Specialty society guidelines (C,P) <input type="checkbox"/> Database analyses (Rx changes, diagnosis) (C,P) <input type="checkbox"/> Other (please specify): _____

What practice-based problem (gap) will this education address?

What is the reason for the gap and how are the learners involved?

What changes in strategy, performance or patient care would you like this education to help learners accomplish?

Will topics of diversity, inclusion and equity be addressed? If yes, please describe:

The Novant Health CME Mission Statement is attached at the end of this application. How does this activity fit within the mission of the CME Department?

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:

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

Will the education address any 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
- Patient compliance
- Lack of administrative support/resources
- Other (specify): _____
- Insurance/reimbursement issues
- Lack of time to assess/counsel patients
- Lack of consensus on professional guidelines
- Cost

LEARNING OBJECTIVES

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. Objectives should be measurable and demonstrate the connection between identified needs and the desired results.

A good learning objective uses verbs such as "implement", "demonstrate", "apply", "exhibit", "identify", or other verbs that are oriented to the learner's performance. **All learning objectives must be approved by the NHOCME in advance and must be included in faculty material, advertising material, and in the evaluation method. Please provide at least 2 objectives for the activity.**

"At the end of this activity the learner should be able to:

Gap Identified

K=Knowledge
C=Competency
P=Performance

- Knowledge
- Competence
- Performance

- Knowledge
- Competence
- Performance

- Knowledge
- Competence
- Performance

- Knowledge
- Competence
- Performance

INSTRUCTIONAL METHODS

What method(s) of instruction will be utilized during this activity (check all that apply)?

(Types of Gaps: K=Knowledge; C=Competence; P=Performance)

- | | |
|---|--|
| <input type="checkbox"/> Case presentation(s) (K,C) | <input type="checkbox"/> Interactive response system (K) |
| <input type="checkbox"/> Lecture(s) (K) | <input type="checkbox"/> Simulated patients(s) (C,P) |
| <input type="checkbox"/> Panel discussion(s) (K) | <input type="checkbox"/> Simulation lab session(s) (C,P) |
| <input type="checkbox"/> Small group discussion(s) (K) | <input type="checkbox"/> Mentoring/coaching (K,C,P) |
| <input type="checkbox"/> Question & answer session(s) (K) | <input type="checkbox"/> Remote site teleconference(s) (K) |
| | <input type="checkbox"/> Other (specify): _____ |

SPEAKERS/FACULTY

List on a separate attachment all proposed speakers, their credentials, and affiliations (CVs must be provided to the NHOCME once speakers are finalized).

Rationale for selection of the speaker/faculty (select all that apply):

- Subject matter expert Excellent teaching skills/effective communicator Experience in CME Other: _____

COMMERCIAL SUPPORT

If you do not anticipate receiving any commercial support for this activity, please check here:

The NHOCME adheres to the ACCME Standards for Integrity and Independence (www.accme.org). Commercial grants must be coordinated through the NHOCME and NH Grant Office. All commercial grant support must be documented by a signed Letter of Agreement.

Exhibit fees from vendors are not considered commercial support by the ACCME. However, all vendor support must be reported to the NHOCME. An exhibitor form is attached for your use in procuring vendor support.

If there are expenses/income for the activity, the NHOCME will require a final budget for the CME file.

DISCLOSURE OF CONFLICTS OF INTEREST AND COMMERCIAL SUPPORT

All conflicts of interest and commercial support must be provided/announced to the participants **PRIOR TO** 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. **Prior to duplication, all education material must be reviewed by the NHOCME for compliance.**

EVALUATION METHOD

Each CME activity must be evaluated for its effectiveness in meeting its identified learning need(s). All evaluation methods must be approved by the NHOCME.

How do you plan to determine the effectiveness of this activity (check all that apply)?

(Types of Gaps: K=Knowledge; C=Competence; P=Performance)

- 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 _____

PLANNING PARTICIPATION AFFIRMATION – The NHOCME requires a physician/content matter expert participate in the planning and implementation of each activity designated for credit. Your signature serves to verify that involvement. The NHOCME signature confirms that to the best of our ability this activity has been planned and implemented in accordance with all Novant Health, ACCME and NCMS policies and procedures for accredited CME activities:

Signature of Course Director

Date: _____

Signature of 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™**.

**Novant Health
Office of Continuing Medical Education**

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 Scheduled 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 March 2022

Novant Health CME Office – Conflict of Interest Disclosure Form

As a prospective planner/speaker, Novant Health would like to ask for your help in protecting our learning environment from industry influence. The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Therefore, this form must be completed prior to activity planning and implementation.

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies. An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards.

For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor, royalties or patent beneficiary, executive role, and ownership interest. There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education. Novant Health education staff will determine if a financial relationship is relevant to the activity and what mitigation strategy may be required.

Name (PRINT): _____ **AV Needs:** _____

Activity Title: _____

Date/Time/Location: _____

Roles in this Activity: Presenter Author Course Director Moderator Planner

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: _____

 Did you have any financial relationships with ineligible companies within the last 24 months?
If “No”, skip to the DECLARATION section. If Yes, list disclosures below:

Ineligible Company Name	Nature of Financial Relationship Examples: 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.	If relationship has ended within past 24 months, check box below
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

The Novant Health CME Office will determine if a disclosed relationship is relevant to the education activity and what mitigation strategy will be implemented.

DECLARATION

- I attest that I will comply with ACCME Standards for Integrity and Independence to ensure that this CME activity is free of commercial bias or the appearance thereof.
- I will base all clinical recommendations on evidence that is accepted within the profession of medicine as adequate justification in the care of patients.
- I agree 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.
- My signature below indicates my agreement to disclose all financial relationships with ineligible companies, limitations of data, and any discussion of off-label/experimental/investigational use of drugs or devices in the planning and implementation of the activity.

Signature: _____ **Date:** _____

RETURN TO: Kathy Gaydos, Director CME/GME Operations, Email: kagaydos@novanthealth.org or by E-Fax: 336-277-0858

**Novant Health
Office of Continuing Medical Education**

Activity Title:
Venue:

Date of Event:
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 Integrity and Independence, 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 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: _____