STEP 1

Letter of Consideration for All Events and Joint Sponsorship Proposals

The initial request must be received at CME using the LEAD TIMES TABLE for all events.
LEAD TIMES TABLE – before the Event Date

(RSCs) Regularly Scheduled Conferences/Ongoing Events - 4 weeks
Outreach Events - 4 weeks
Special Events - 9 months to 1 year
Joint-Sponsorships - 9 months to 1 year
Teleconferences - 9 months to 1 year

Letter of Consideration Format & Supporting Documentation:

1. Name, Address, Telephone & FAX numbers, email address of individuals/organization requesting consideration.
2. TITLE and DATE of the proposed program.
3. Faculty members (include confirmation letters and CVs-curriculum vitae, Disclosure).
4. Overall goal of the activity.
5. A list of Planning Committee members.
6. Initial Planning Committee Minutes. (Supporting Documentation)
7. Past Event(s) attendance and evaluation summaries. (Supporting Documentation)
8. Estimate of cost & funding source(s), if applicable. (Budget form included)
9. Completion of the Joint-Sponsorship Questionnaire. (Included) (**STEP 2)**

Return Letter and Supporting Documentation to:

David N. Bailey, MBA
Assistant Dean CME
Marshall University School of Medicine
1600 Medical Center Drive, G407
Huntington, WV 25701-3655

Notice: Acceptance to sponsor events does not guarantee approval of the event for Category 1 credit. All applicable documentation supporting the CME Application is required for final review and approval of the proposed event. The requestor will be notified in writing of the decision to sponsor the proposed activity within 2 weeks after receipt of the LETTER OF CONSIDERATION.

STEP 2

All Events & JOINT SPONSORSHIP REQUEST QUESTIONNAIRE

Joint Sponsorship Policy requires that MUSOM CME be involved in the planning of each phase of the proposed program. The following questions will be used as a planning tool for CME and the organization requesting CME credit: A formal application will be presented at the initial planning meeting.

1. How will you determine that a CME program is necessary? (supporting documentation)

2. Who is the intended audience?
3. What are the learning needs identified for the audience?
4. What is the overall goal of this program?
5. What are the learning objectives that will help the participants meet the program goal?
6. Upon completion of this program, participants will be able to do what?
7. What criteria were used to select the faculty?
8. What teaching methods will be used? (live lecture, round table, internet, av required)
9. What evaluation methods will be used? (audience satisfaction, pre and post tests, informal, online, etc.)
10. Do you plan on doing a follow up study with participants regarding short and long term effectiveness of this event on clinical practice?

Review: All Events & JOINT SPONSORSHIP POLICY -Marshall University Joan C. Edwards School of Medicine

For proposed programs:

1. Mission: The proposed program must be consistent with the CME. Mission of MUSOM and follow application requirements addressing the Essentials, Policies, Guidelines and Standards for Commercial Support.
2. Request for Sponsorship: Begins with the Letter of Consideration, 9 months to 1 year before the proposed program date.
3. Planning: The Assistant Dean for CME will be a member of the Planning Committee. Additional planning members should be comprised of the MUSOM faulty and staff, either part-time or full-time, who could contribute to the program planning process.
4. Planning Minutes: Minutes should be kept to identify all planning phases. (Needs, Learning Objectives, Faculty, Agenda, Budget, etc.)
5. Credit Category: CME will only be responsible for obtaining Category I Credit Approval for Physicians. The requesting organization must obtain application for all other types credit for other non-physician health professionals.
6. Application: A Formal CME Application is required for submission of the proposed event for Category I credit consideration. This application will be presented to the planning committee chairperson at the initial meeting with the Assistant Dean for CME . (Consisting of Planning Modules, Speaker Packets, Educational Grant Packets, Consulting Agreement, etc.)
7. Approval. After submission the approval process will take 10 days to 2 weeks. Allocate ample time in the planning process for this approval period. The application must be submitted in its entirety including supporting documentation.
8. Advertisement: No reference may be made regarding "pending" credit approval prior to the official notification of the approval. All advertisements must be approved by MUSOM CME prior to release. Marshall University School of Medicine must be listed "prominently" as the sponsor of the program on all announcements.
9. Accreditation Statement and Credit Statement. CME will provide camera ready statements for use on all advertisements.
10. Additional Statements Required. Faculty Disclosure and Americans with Disabilities Act: CME will provide specific wording for use on all advertisements.
11. Attendance Forms and Evaluation Forms: CME will provide Attendance Form and audience reaction Evaluation Form templates for the approved program.
12. Files: CME will maintain on file for 6 years CVs, Faculty Disclosures, handouts, announcement materials, attendance list, completed evaluation forms and applicable Summaries.

STEP 3

Your CME Planning Tool.
Use this format to plan your CME activities. Report your achievement of Outcomes with the Quarterly Effectiveness Focus Group Review requirement.

Linking Needs to Outcomes

Essential Area 2
Linking needs to results, linking needs and result to learning objectives, and linking needs, results, and objectives to outcomes.
*__CME Event or RSC__: _________________________________ **List Topics in No. 3.**

Step 1: **Select Sources of Needs**. See the chart below for an example of how to initially organize your needs assessment.

Types of Needs Assessments for Planning a CME Activity

Select two or more sources of needs by Category: PROVIDE DOCUMENTATION

X	EXPERT NEEDS	X	PARTICIPANT NEEDS	X	OBSERVED NEEDS	X	ENVIRONMENTAL NEEDS
	Planning Committee		Previous related evaluation summary		Hospital/clinic quality assurance analysis		Evidence of offerings from other CME providers
	Departmental Chair		Focus panel discussions/interviews		Other clinical observances		Lay press
	Activity faculty		Needs assessment survey		Mortality/morbidity data		Direct-to-consumer ads
	Expert panels		Other requests from physicians		Epidemiological data		Other societal trends
	Research findings		Requested by affiliated institutions or physician groups		National clinical guidelines (NIH, NCE, AHRQ, etc.)		
	Required by a medical school authority				Specialty society guidelines		
	Required by governmental authority/regulation/law				Database analyses (e.g., Rx changes, diagnosis trends		

Step 2. Synthesize your needs. Boil down all of the needs you reviewed into just those that will be used to build your activity. Synthesize the final list into bulleted statements. You might end up with four to eight key needs.

Write those bulleted needs down.

1.
2.
3.
4.
5.
6.
7.
8.

Step 3. State a desired educational result. Take each of the bulleted needs and ask yourself, “What do I intend to achieve from this educational activity relative to that specific need?” This is a fundamental step that is frequently missing in the planning process. If you are able to make these “results statements,” you will immediately have an educational activity that is well-focused, and you should be able

to measure its outcomes. ***CME is trying to help you link identified need to desired result***. Use the example below for your documentation.

Identified need example: The American Heart Association guidelines state that high levels of hyperlipidemia in patients with diabetic co-morbidity is the cause of increased morbidity in those patients.

Your Identified Need:

Desired Result example: Identify your diabetic patients; screen for hyperlipidemia; place on appropriate lipid lowering medication(s).

Your Desired Result: (Form your activity Topic here!)

Step 4: Prepare learning objectives. Now that you know the need and desired result, you can prepare learning objectives that are written in terms of physician performance or patient health outcomes. Visualize learning objectives as the stepping stones that take you from the identified need to the desired educational result. Each set of need/results statements should have at least one learning objective. Consider writing your objectives in the second person ("you" or "your" phrases) so that the physician personally identifies with the objective, e.g.:

Objective example: Decrease cardiovascular events of your diabetic patients with hyperlipidemia by improving their cholesterol profiles.

Your Objective(s):

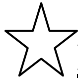
1.
2.
3.

Step 5. Link Needs, Results, and Objectives to Outcomes. Always prepare your outcomes questions during the planning process. Take each need/result statement and ask yourself what one question can be asked of learners about how they implemented change in their practice. The outcomes question may be the educational results statement flipped into a question. Use this example as a guide:

Outcomes question example: Have you implemented measures that would lower cholesterol for diabetic patients in your practice? If the answer is no, what barriers have prevent this?

Your Outcomes question(s): (Ask your participants these questions on the Quarterly Participant Impact Study Form)

Your Outcomes question can be posed to your participant learners after your event, i.e., within a time period that you select. Or, in support of the Quarterly CME Effectiveness Requirement. This document should be turned in as proof of quarterly planning your event and as support for your Quarterly CME Effectiveness Review.



If your event is supported by pharmaceutical education grants,
This protects you by assuring that your vendors are fully complying with PhRMA and OIG rules, and ensures that you invest in outstanding education.

STEP 4 – ACTIVITY DEVELOPMENT SHEET

STEP 5 - CME APPLICATION-*WILL BE SENT TO YOU BY EMAIL AFTER RECEIPT AND REVIEW OF STEPS 1, 2, 3, 4. (ALLOW 2 WEEKS)*

STEP 4 - Activity Development Sheet

Questions that ask for the same information as in Step 3 – refer to that section.

a.) **What is the quality gap to be addressed:**

b.) **Is it a gap in physician knowledge, competence or performance:**

c.) **What is the physician target audience? What are the potential or real barriers facing these physicians if this need (gap) is to be addressed?**

d.) **Based on the need/gap the activity is addressing, what are the desired results of the activity? Said differently "What is the activity designed to change?"**

e.) **Based on the desired results of the activity, what are the objectives of the activity? Note: your objectives can support the attainment of the desired result?**

f.) **Are the IOM, ACGME or other competencies related to this topic/change? Refer to List of Desirable Physician Attributes.**

g.) **Are there other initiatives within my institution working on this issue? Are there other organizations we could partner with that are working on this issue?**

h.) **In what ways could we include these internal or external groups in our CME activity to help us address or remove barriers as identified in question c?**

i.) **Are there non-educational strategies that are currently being used that address this issue? If no, what kinds of non-educational strategies could be used to address this issue?**

j.) **What types of evaluation methods will you use to know if the activity was effective at meeting the need and creating change in competence, performance or patient outcomes?**

k.) **Based on the physician target audience and the gap that is being addressed, what is the right content to cover? How does the content relate to the scope of practice of the physician target audience? Should the content also relate t o specific patient groups? Should it contain content outside the clinical topic?**

l.) **Who are the right faculty to cover this content?**

m.) **Based on the previous steps, what is the right format to use for the activity? What type of activity will it be (live, enduring material, internet, other?) What will be the educational design of the activity (eg presentation, case studies, round table and simulation?)**

n.) **How do the format/methodology and design components support the activities objectives and desired results as outline in question d and e?**

Describe your CME activity:

Terms and Definitions to Support Understanding of ACCME's Updated Accreditation Criteria

Competence	"Knowing how to do something" Miller, G. The assessment of clinical skills/competence/performance. *Academic Medicine*, 65(9):S63-7, 1990 …is a combination of knowledge, skills and performance…the ability to apply knowledge, skills and judgment in practice. Sanford, B. (Ed.). *Strategies for maintaining professional competence: A manual for professional associations and faculty.* Toronto, Canada: Canadian Scholars Press, Inc,1989 The simultaneous integration of knowledge, skills, and attitudes required for performance in a designated role and setting. *Spencer, L.M., McClelland, D.C., & Spencer, S.M. (1994). Competency assessment methods: History and state of the art. Hay/McBer Research Press.*
Competency	An underlying characteristic… causally related to effective or superior performance in a job. *Spencer, L.M., McClelland, D.C., & Spencer, S.M. (1994). Competency assessment methods: History and state of the art. Hay/McBer Research Press* *Boyatzis, R.E. (1982). The competent manager: A model for effective performance. New York: Wiley-INTERSCIENCE*
Performance	What one actually does, in practice. Performance is based on one's competence but is modified by system factors and the circumstances.
Professional Practice Gap	The difference between actual and ideal performance and/or patient outcomes. In patient care, the quality gap is "the difference between present treatment success rates and those thought to be achievable using best practice guidelines." *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Fact Sheet. AHRQ Publication No. 04-P014, March 2004. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/epc/qgapfact.htm* As CME content goes beyond issues of direct patient care the ACCME is using professional practice gap to refer to a quality gap in areas that include but also can go beyond patient care (e.g., systems' base practice, informatics, leadership and administration)

Scope of Practice	The range or breadth of a physician's actions, procedures, and processes. "...those health care services a physician or other health care practitioner is authorized to perform by virtue of professional license, registration, or certification." *Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety, Federation of State Medical Boards, 2005.* "Scope of practice: Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner, with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability." *Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety, Federation of State Medical Boards, 2005.*

References for definitions:

Agency for Healthcare Research and Quality. www.ahrq.gov

Boyatzis, R.E. (1982). The competent manager: A model for effective performance. New York: Wiley-INTERSCIENCE

Miller, G. (1990). The assessment of clinical skills/competence/performance. *Academic Medicine,* 65(9):S63-7.

Sanford, B. (Ed.). 1989 *Strategies for maintaining professional competence: A manual for professional associations and faculty.* Toronto, Canada: Canadian Scholars Press, Inc.

Spencer, L.M., McClelland, D.C., & Spencer, S.M. (1994). *Competency assessment methods: History and state of the art.* Hay/McBer Research Press.

The American Heritage® Stedman's Medical Dictionary, (2002), Houghton Mifflin Company.

Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety, Federation of State Medical Boards, 2005.

Some Examples of Desirable Physician Attributes (Criterion #6)

Institute of Medicine Core Competencies	ACGME/ABMS Competencies	ABMS Maintenance of Certification
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 educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health **Work in interdisciplinary teams** – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable **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 **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 **Utilize informatics** – communicate, manage, knowledge, mitigate error, and support decision making using information technology	**Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health **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 **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 **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population **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.	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. Evidence of a **commitment to lifelong learning** and involvement in a periodic self-assessment process to guide continuing learning. 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. 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.

For more information on these physician attributes, visit:

http://www.iom.edu/CMS/3809/4634/5914.aspx

www.acgme.org

www.abms.org

Organizations – Competencies + Maintenance of Certification

Liaison Committee on Medical Education (**LCME**),

the Accreditation Council for Graduate Medical Education (**ACGME**),

the American Board of Medical Specialties (**ABMS**), and

the Accreditation Council for Continuing Medical Education (**ACCME**).

the Institutes of Medicine (**IOM**)

ACCME

ABMS
AHA – American Hospital Association
AMA – American Medical Association
AHME – Association of Hospital Medical Education
CMSS – Council of Medical Specialty Societies
FSMB – Federation of State Medical Boards
AAMC – Association of American Medical Colleges