

SECTION 1: ACTIVITY DETAILS

1. Title: _____
2. **Providership** Type:
 - Direct Planned by only WSU Boonshoft School of Medicine Faculty
 - Joint Planned in partnership with a non-accredited provider(s)
3. Activity Type:
 - [Course](#) RSS (Grand Rounds, Case Conference, Quarterly, or M&M) [Journal](#)
 - [Enduring Materials](#) [Performance Improvement](#) [Internet](#) Live [Internet](#) Enduring
4. Total Number of Hours Requested: _____ RSS Hours/Session: _____
5. Start Date: _____ End Date: _____
Start Time: _____ End Time: _____
6. Frequency
 - Once Weekly (select below) Semi-monthly (select below) Monthly (select below)
 - Monday Tuesday Wednesday Thursday Friday Saturday
 - First Week Second Week Third Week Fourth Week Fifth Week
 - Other (please describe): _____ One Time Event
7. Expiration Date (For enduring materials only) _____
8. **Location**
 - a. Room and Street Address: _____
 - b. City/State: _____

PLANNING COMMITTEE

9. Physician Course Chair: _____
Email Address: _____
10. Activity Coordinator: _____
U.S. Mailing Address: _____
Phone: _____ Email Address: _____
11. Additional Members of Activity Planning Committee

Notes

- WSU Boonshoft School of Medicine faculty member is preferred to be activity chair
- Committee must have at least ONE physician, preferably two or more
- All members must complete a [Conflict of Interest Disclosure](#) and complete [COI Resolution process](#), if needed

COI Form	Resolution needed?	Member Name	Email Address	Specialty
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

- Attach a separate sheet for more planning members
- Attach CVs or Bios for planning committee members who are not BSOM faculty members

SECTION 2: EDUCATION AND PLANNING

TARGET AUDIENCE

12. This activity is planned to meet the needs of which group(s) of healthcare professionals? (C12)
- All Practicing Physicians Primary Care Physicians
 Physician Specialists: _____ Non Physicians: _____
 Other: _____
13. If the target audience represents a multidisciplinary audience, what are the different educational needs of these disciplines and how will the proposed content address those distinctions?(C4)
- _____
14. What percentage of your target audience is composed of physicians? (C4) _____
Estimated Total Attendance #: _____
Estimated Attendance # of Residents or Medical Students: _____
Estimated Attendance # of physicians: _____
15. What is the practice setting(s) of the targeted audience? (C12)
- Teaching Hospital Non-Teaching Hospital Community Practice
 Solo Practice Group Practice
 Multispecialty or Multidisciplinary Group Practice Other: _____
16. Additional CE Credit Offered (Check all that Apply):
- None Osteopathic CE Nursing Pharmacy Other: _____
17. Will there be a registration fee? Yes No
18. If so, are you offering scholarships? If yes, what are the criteria for scholarships and source of funding? _____

GOAL, PRACTICE GAP AND COMPETENCIES

19. What is the goal, purpose or expectation of the activity planned?
- _____
20. How were the educational needs determined? (C7)
- Literature Search of Medical Journals Health Statistics Committee Identification
 New Medical Knowledge Q & A Studies Medical Audits
 Other: _____
21. Include documentation
- Literature citation list Health Statistics
 Q & A Studies Medical Audits
 Departmental Minutes Committee Recommendations



22. What is the professional [practice gap](#)? (C2, C4, C5, C10)

Notes

Based on the information above (Q19-Q21), summarize the needs identified and the results you have intended to achieve. The desired results should be based on best practices, best available scientific evidence, and evidence-based clinical practice guidelines.

Describe the link between needs assessment documentation and chosen topics here

Gap 1

What are the learners needs? _____

Why does this gap exist? _____

What are the desired results? _____

Type of Gap: Knowledge Competence Performance

Gap 2

What are the learners needs? _____

Why does this gap exist? _____

What are the desired results? _____

Type of Gap: Knowledge Competence Performance

Gap 3

What are the learners needs? _____

Why does this gap exist? _____

What are the desired results? _____

Type of Gap: Knowledge Competence Performance

Attach a separate sheet for more identified gaps

If you did not complete the gap assessment 1 -3, please explain how you plan to show there is a gap in practice in regards to knowledge, competence, or performance for this particular group of learners that justifies this educational activity: (C2, C4, C10) _____



23. How does the activity incorporate desirable physician attributes? (C6)
- | | |
|--|---|
| <input type="checkbox"/> Patient Care (ACGME) | <input type="checkbox"/> Apply Quality Improvement (IOM) |
| <input type="checkbox"/> Medical Knowledge(ACGME) | <input type="checkbox"/> Work in Interdisciplinary Teams (IOM) |
| <input type="checkbox"/> Practice-Based Learning and Improvement (ACGME) | <input type="checkbox"/> Use Informatics (IOM) |
| <input type="checkbox"/> Interpersonal And Communication Skills (ACGME) | <input type="checkbox"/> Values /Ethics for Interprofessional Practice (IP) |
| <input type="checkbox"/> Professionalism (ACGME) | <input type="checkbox"/> Roles/Responsibilities (IP) |
| <input type="checkbox"/> Systems-Based Practice (ACGME) | <input type="checkbox"/> Interprofessional Communicatio (IP) |
| <input type="checkbox"/> Provide Patient-Centered Care (IOM) | <input type="checkbox"/> Teams and Teamwork (IP) |
| <input type="checkbox"/> Employ Evidence-Based Practice (IOM) | <input type="checkbox"/> Other, Describe: _____ |
24. What is the activity designed to change? (C3)
- Physician Competence Physician Performance Patient Outcomes

INSTRUCTIONAL DESIGN

25. What audiovisual materials will be used during the activity?
- Computer/Projector/Screen Video (DVD/Tape) Microphone Transparencies
 Other: _____
26. Who is responsible for obtaining copyright permission?
- Speaker Planning Committee Other: _____
27. What instructional materials will be made available to the participants?
- Slides PDF Bibliography Other: _____
28. Will any of the presentations in your activity discuss specific pharmacologic treatments, devices, procedures, or interventions? Yes No
29. Will any of the presentations make recommendations for pharmacologic treatment, surgical procedures, or tests? Yes No
30. Are the products discussed in any of the presentation produced or marketed by a commercial supporter of your program? (C10) Yes No

OBJECTIVES - Objectives must be communicated to the audience before the activity

31. As a result of participating in this activity, participants should be able to: (C5)
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- Attach a separate sheet for more objectives

CONTENT

32. List topics, times, [speakers](#), instructional methods and [learner objectives](#). (C4, C5)

Topic	Time	Speaker	Teaching Methods Used	Topic Specific Learner Objectives
			Teaching Method	
			Teaching Method	
			Teaching Method	
			Teaching Method	
			Teaching Method	
			Teaching Method	
			Teaching Method	
			Teaching Method	

Describe teaching method “other” if used above:

Attach a separate sheet of content (i.e. agenda)

CONFLICT OF INTEREST DISCLOSURE AND COMMERCIAL SUPPORT

Commercial interests may not provide any assistance on the identification of CME needs, educational objectives, selection of content, selection of planning committee member or speakers, educational methods, or evaluation of activity.

For more information on ACCME Standards for Commercial Support, visit [ACCME](#).

33. Will [educational grants](#) from any commercial interest be used to cover the cost of the activity? (C8) No Yes, and all appropriate documentation will be processed

34. Will commercial [exhibitor space](#) be available? (C9) No Yes, and all appropriate documentation will be processed

It is the policy of the Wright State University Boonshoft School of Medicine Continuing Medical Education (CME) Committee to ensure balance, independence, objectivity and scientific rigor in all CME activities. All individuals in a position to influence the content must [disclose any relevant financial relationships](#) that might affect independent involvement in the activity. All potential conflict of interests must be identified and resolved prior to the activity. All disclosure information including planning committee, speakers, faculty, and commercial support must be communicated to the audience prior to the activity.

35. How do you intend to [communicate](#) all disclosure information to the audience? Check all that apply
 Verbal to Audience Registration Table Display Brochure/Announcement
 Instructional Materials Other: _____

SECTION 3: EVALUATION AND IMPROVEMENT

Evaluations must assess objectives, content, and professional knowledge, skill, or attitude improvement

To measure a change in **competence**, you must provide evidence that the learner has knowledge that he or she did not have prior to the activity.

To measure a change in **performance**, you must provide evidence that the learner made a change in her or her practice (As a result of the activity, how do you intend to change your practice? Evaluate learner's intent to change; 6-month follow up.)

To measure a change in **patient outcomes**, you must provide evidence that this education affected patients (chart reviews, changes in quality improvement numbers, etc.)

36. How will you measure changes as described in Q24?

- Physician Competence: _____
- Physician Performance: _____
- Patient Outcomes: _____

37. How will the goal, purpose or expectation of the activity be measured? (C11)

- Physician Feedback Follow-up Survey of Physician Practice Patterns
- Pre/Post Test Patient Outcomes Evaluation
- Other: _____
- Include a copy of the evaluation instrument(s).

38. How will effectiveness be measured?

- Patient Outcomes Quality Measures
- Observed Physician Behavior Self Reported Physician Behavior
- Knowledge Expansion Other: _____
- Attitudinal change

SECTION 4: ADVERTISMENT/WEBSITE

Notes

Flyers, brochures, and announcements may not mention CME until the application has been approved. Once approved, all advertisements must include a specific accreditation and designation statement.

For more information, please visit the [brochure guidelines](#)

39. How will this activity be advertised or promoted?

- Brochure/Flyer Email Announcement Web page Other: _____

40. Short Description for website (optional, 200 characters max): _____

41. To which calendar should this activity be posted?

- None CME (default) MVH GSH
- UVMC AMC Other _____

SECTION 5: ADDITIONAL BENEFITS (ACCREDITATION WITH COMMENDATION CRITERIA)

This section is used to collect information on desired criteria. Answers to these nine questions will not negatively impact review by the Core Committee.

42. How will this activity improve professional practice? (C16) _____
43. What additional non-educational strategies (outside of the educational intervention) will be used to enhance the goal of the activity? Examples include laminated cards, screen savers, chart reminders, stickers, etc. (C17) _____
44. Are there any outside factors that have an impact on patient outcomes? If so, what are they?(C18)
- | | | |
|---|--|---|
| <input type="checkbox"/> Adherence | <input type="checkbox"/> Support System | <input type="checkbox"/> Community Resources (health care agencies, transportation) |
| <input type="checkbox"/> Medical Literacy | <input type="checkbox"/> Lack of Insurance | <input type="checkbox"/> Other (please describe) _____ |
45. Are there any learning barriers such as necessary system or policy changes, lack of time/support, motivation, etc.? (C19) Lack of
- | | |
|---|---|
| <input type="checkbox"/> Administrative Support/Resources | <input type="checkbox"/> Consensus in Professional Guidelines |
| <input type="checkbox"/> Proper Patient Compliance | <input type="checkbox"/> Other Resources |
| <input type="checkbox"/> Accessible Venue to Gather New Information/Knowledge | <input type="checkbox"/> Other (please describe) _____ |
46. How are the barriers described above overcome? (C19) _____
47. Are there other initiatives within the institution (WSU, joint provider, etc.) working on this issue? (C20) _____
48. What other organizations could you partner with to achieve the goal? _____
49. How will this activity impact quality improvement or patient safety at your institution or to the system framework? (C21) _____
50. How are the scope and content of the activity determined? How involved are WSU faculty in creating scope and content of the activity? (C22) _____



COMPLETE THIS PAGE FOR REGULARLY SCHEDULED SERIES ONLY

IN ADDITION TO THE GOAL, PRACTICE GAP AND COMPETENCIES

What type of Regularly Scheduled Series is this?

- Grand Rounds Case Conference Seminar Series M&M Quarterly Mtgs.

What is the overall goal, purpose or expectation of the series planned?

Describe the ongoing method of choosing topics/cases/speakers: _____

EACH ACTIVITY TOPIC (NOT APPLICABLE TO CASE CONFERENCES) MUST SUBMIT A TOPICAL GAP ANALYSIS WITH THE FOLLOWING INFORMATION.

Topic

Speaker's name

What is the professional practice gap? (current practice vs optimal practice)

Which professional practice gap(s) does the activity target? (knowledge, competence, practice)

How does the activity incorporate desirable physician attributes?

- | | |
|---|---------------------------------|
| Patient Care | Apply Quality Improvement |
| Medical Knowledge | Work in Interdisciplinary Teams |
| Practice-Based Learning and Improvement | Use Informatics |
| Interpersonal and Communication Skills | Professional Standing |
| Professionalism | Commitment to Lifelong Learning |
| Systems-Based Practice | Performance in Practice |
| Provide Patient-Centered Care | Other, Describe: _____ |
| Employ Evidence-Based Practice | |



COMPLETE THIS PAGE FOR JOINT PROVIDERSHIP ACTIVITIES ONLY

Name of partnering non-accredited provider: _____

Include a brief description of non-accredited partner: _____

Commercial Interest Self-Assessment Questions

A commercial interest is considered any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Commercial interest cannot take the role of a non-accredited partner in a joint provider relationship.

Does your organization, or a part of your organization, produce, market, re-sell, or distribute health care goods or services consumed by or used on patients? No Yes

Does your organization have a parent company that produces, markets, re-sells, or distributes health care goods or services consumed by or used on patients? No Yes

Does your organization have a sister company that produces, markets, re-sells, or distributes health care goods or services consumed by or used on patients? No Yes

Does your organization advocate for an ACCME-defined commercial interest? No Yes

Does your organization have a parent company that advocates for an ACCME-defined commercial interest? No Yes

Does your organization have a sister company that advocates for an ACCME-defined commercial interest? No Yes

Entities that are not commercial interests:

- 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

Joint Provider Terms

Program is for medical and educational purposes only and will not promote the Joint Provider's or any Commercial Supporter's products, directly or indirectly. As the Accredited Provider, Wright State University Boonshoft School of Medicine ("School") is responsible for the educational program, including ultimate control of content and selection of presenters and moderators.

All ACCME Standards for Commercial Support will be adhered to by both the School and Joint Provider.

Financial Responsibility:

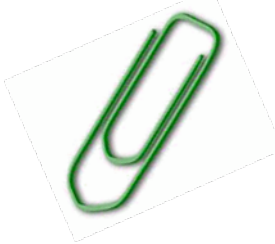
The Joint Provider is responsible for the financial support of the education program.

- Funds received by the Joint Provider from any Commercial Supporter should be in the form of an educational grant.
- The Joint Provider will submit a financial report within 60 days following the activity.
- Any deficits will be the responsibility of the Joint Provider.



INCLUDE DOCUMENTATION

Please submit the following documents with this planning document.



[Needs Assessment Documentation](#)

[Conflict of Interest \(COI\)](#) disclosure for all planning committee members
CV for non-WSUBSOM Faculty planning committee members

Proposed [Budget](#)

[All Promotional Materials](#)

Application Fee

Please do not staple application or supporting documentation.

2019 FEE SCHEDULE

Effective January 1, 2019

CME Hours Requested	Application Fee (Direct Providership)	Application Fee (Joint Providership*)
0.25 – 5	\$250	\$350
5.25 – 10	\$550	\$650
10.25 +	\$850	\$950

Effective July 1, 2014, there will be an additional \$100 fee to convert credit for a **live activity** or series into an **enduring activity**. This fee covers assistance in using the university learning management system, verification of additional ACCME guidelines, and additional tracking requirements related to enduring materials.

Payments

- *Credit Card Payments please use our secure Marketplace storefront
- *Checks should be payable to Wright State University and sent directly to the CME Program
- *Internal university expense transfer

Application fees are non-refundable to cover processing expenses. In some cases, approved applications may be postponed for up to a year. Additional paperwork may be required.

Memo of Agreement Directions

To ensure activities are planned around content that matches the learners' current or potential scope or professional practice, CME applications must be reviewed by designated CME committee members.

Members of **Premier Health** and the **Dayton VA Medical Center**, please complete "CME Memo of Agreement – Premier Health and VA Medical Center"

All **WSU Departmental** planned activities and all other joint providership activities, please complete "CME Memo of Agreement"

CME Memo of Agreement

This agreement must be signed and submitted with the application.

WSU Boonshoft School of Medicine accreditation statement must be included on promotional materials.

This CME activity entitled activity title has been approved by Planning Committee Chair, Chair of the Activity Planning Committee and a faculty member of the Department department of Wright State University Boonshoft School of Medicine.

All financial receipts and disbursements for this activity will be managed by the Department of fiscal managing department and MUST be kept on file for a minimum of six years. The department will assume any indebtedness or budgetary deficit resulting from the activity.

By signing below, the activity coordinator and planning committee understand and will comply with all WSU Boonshoft School of Medicine CME Guidelines including the ACCME Standards for Commercial Support. The school's CME policies and a link to the ACCME policies are located on the CME Website. <http://medicine.wright.edu/continuing-medical-education/policies-and-guidelines-table-of-contents>

Date: _____ Reviewed by Activity Coordinator: _____

Date: _____ Endorsed by WSU Faculty Planning Member: _____

Date: _____ Reviewed by CME Committee Faculty: _____

Date: _____ Endorsed by WSU Department Chair: _____

Disclaimer: WSU Boonshoft School of Medicine is not responsible for the marketing, indications or uses of any of the commercial products or processes displayed or described in this CME activity.

Accreditation and Designation Statement

See [brochure guidelines](#) for appropriate Accreditation and Designation Statement.



CME Memo of Agreement

Premier Health and VA Medical Center

WSU Boonshoft School of Medicine Joint Providership accreditation statement
must be included on promotional materials.

This CME activity entitled activity title has been approved by Planning Committee Chair, Chair of the Activity Planning Committee and a medical staff member of the Department department or other institutional designee of institution.

All financial receipts and disbursements for this activity will be managed by the institution name and MUST be kept on file for a minimum of six years. The department will assume any indebtedness or budgetary deficit resulting from the activity.

By signing below, the activity coordinator and planning committee member understand and will comply with all WSU Boonshoft School of Medicine CME Guidelines including the ACCME Standards for Commercial Support. The school's CME policies and a link to the ACCME policies are located on the CME Website. <http://medicine.wright.edu/continuing-medical-education>

Date: _____ Reviewed by Activity Coordinator: _____

Date: _____ Endorsed by Activity Planning Chair: _____

Date: _____ Reviewed by Institution CME Committee: _____

Disclaimer: WSU Boonshoft School of Medicine is not responsible for the marketing, indications or uses of any of the commercial products or processes displayed or described in this CME activity.

Accreditation and Designation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Wright State University (WSU) and [Non-accredited provider].

WSU designates this [see list for learning format] for a maximum of [number of approved hours] *AMA PRA Category 1 Credit*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.