

SAINT MARY'S HOSPITAL - CONTINUING MEDICAL EDUCATION	
APPLICATION FOR AWARDED AMA PRA CATEGORY 1 CREDIT(S) <sup>TM</sup>	
<b>SMH CME EDUCATIONAL PLANNING FORM – REGULARLY SCHEDULED SERIES</b>	
CME Coordinator: Erika Schulz-Vendrella. Phone: 203-709-8782. Email: Evendrella@stmh.org	
This form must be completed in its entirety to be considered for CME credit. Complete applications will be submitted to the CME committee for approval of credit. Until that time all applications are pending approval. By completing this form and applying for credit, the program planners (and any others involved in planning) acknowledge that they will abide by all rules, policies, and procedures developed by the CME committee and CME office, and will complete all required paperwork by the established deadlines.	
<b>CME credit is not granted until you have been notified in writing (via email) that the CME Committee has approved your application and granted your program CME credit. RSS activities are eligible for approval only for specific dates and must re-apply for any future events.</b>	
Title:	
Date and Time:	
Name of Organization:	
<b>The program planner is responsible for identifying and resolving any conflict of interest prior to the CME event. The program planner also insures commercial interests will not control the content of the event.</b>	
Program Planner:	Disclosure <input type="checkbox"/>
Phone:	email:
Event Coordinator:	Disclosure <input type="checkbox"/>
Phone:	email:
Program Dates:	
Number of credits requested:	
Frequency: Session <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
FORMAT OF THE ACTIVITY (check all that apply):	
<input type="checkbox"/> Lecture <input type="checkbox"/> Case Study <input type="checkbox"/> Small Group Discussion <input type="checkbox"/> Other:	
REASON(S) FOR PROGRAM: (Attach all relevant information including identification of learning needs, development of Objectives, budget, educational strategies, faculty selection, pertinent guidelines, copy of survey, meeting minutes, copies Correspondence, communications, etc.).	
<input type="checkbox"/> QI regulatory findings	<input type="checkbox"/> Interviews w/medical staff leaders
<input type="checkbox"/> Sentinel event	<input type="checkbox"/> National patient safety guidelines
<input type="checkbox"/> Patient care audit	<input type="checkbox"/> Guidelines – new or not being followed
<input type="checkbox"/> Peer review findings	<input type="checkbox"/> New advances in medicine or technology
<input type="checkbox"/> Written survey of target audience	<input type="checkbox"/> Other
This program is intended to improve participants <input type="checkbox"/> competence <input type="checkbox"/> performance <input type="checkbox"/> patient outcomes	

OVERALL LEARNING OBJECTIVES FOR SERIES: (refer to Well-worded Objectives document)
1.
2.
3.

**COMPLETE PAGE THREE: Indicate which ACCME Desirable Physician Attribute(s) are associated with this program.**

DOCUMENTATION:
<input type="checkbox"/> CV of presenter(s).
<input type="checkbox"/> Indication that content is evidence-based (attach bibliography, copy of handouts, slides, etc.)
<input type="checkbox"/> Indication that speaker understands learning objectives prior to presentation) e-mails, meeting minutes; record of phone conversation, etc.).
<input type="checkbox"/> Communication of objectives to target audience (attach copies).
<input type="checkbox"/> Program announcement/flyer <input type="checkbox"/> Brochure <input type="checkbox"/> CME calendar <input type="checkbox"/> E-mail announcement

<input type="checkbox"/> Other:	
<input type="checkbox"/> All program announcements, brochures, calendar, etc. must have accreditation and designation statements and, if applicable, joint sponsorship statement (attach copies).	
Did disclosure form indicate any conflict(s) of interest? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, attach explanation of how conflict(s) were resolved prior to program.	
Disclosure information posted at program by:	
<input type="checkbox"/> Separate slide within presentation <input type="checkbox"/> Statement one evaluation form	
<input type="checkbox"/> Placard posted in meeting area <input type="checkbox"/> Other	
Disclosure form must be submitted for physician planner and event coordinator also.	
COMMERCIAL SUPPORT:	
Will this program receive any support from commercial interest? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, attach copy of grant agreement and indicate type of commercial support provide:	
<input type="checkbox"/> Grant <input type="checkbox"/> Food <input type="checkbox"/> Other:	
<input type="checkbox"/> Are there any issues or concerns about program content prior to presentation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, attach explanation of how conflict will be resolved prior to program.	
PROGRAM EVALUATION OF OVERALL SERIES:	
<input type="checkbox"/> Evaluation form asks participants about possible commercial bias.	
Evaluation method:	
<input type="checkbox"/> Self assessments <input type="checkbox"/> Objectives survey <input type="checkbox"/> Pre- & post- test <input type="checkbox"/> Pre- & post-audits <input type="checkbox"/> QI audits	
Other:	
Data reviewed at Education Committee meeting on:	
Approved: YES <input type="checkbox"/> NO <input type="checkbox"/>	
CHAIRMAN:	DATE:
Carolina I. Borz-Baba, M.D.	

Originated: September 2011

DESIRABLE PHYSICIAN ATTRIBUTES			
Competencies:	Institute of Medicine Core Competencies	ACGME/ABMS Competencies	ABMS Maintenance of Certification
<p>Please Identify at least one ACGME, ABMS or ICM competency associated with the content of this activity.</p> <p>Specialty-specific competencies are also acceptable. Please attach.</p>	<p><input type="checkbox"/> <b>Provide Patient-Centered Care</b> – 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 healthy lifestyles, including a focus on population health.</p> <p><input type="checkbox"/> <b>Work in interdisciplinary teams</b> – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.</p> <p><input type="checkbox"/> <b>Employ evidence-based practice</b> – 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><input type="checkbox"/> <b>Apply quality improvement</b> – 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><input type="checkbox"/> <b>Utilize Informatics</b> – communicate, manage knowledge, mitigate error, and support decision making using information technology.</p>	<p><input type="checkbox"/> <b>Patient Care</b> that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</p> <p><input type="checkbox"/> <b>Medical Knowledge</b> about establishing and evolving biomedical, critical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of this knowledge to patient care.</p> <p><input type="checkbox"/> <b>Practice-based learning and improvement</b> that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.</p> <p><input type="checkbox"/> <b>Interpersonal and communication skills</b> that result in effective information exchange and learning with patients, their families, and other health professionals.</p> <p><input type="checkbox"/> <b>Professionalism</b>, as manifested through a commitment to caring out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.</p> <p><input type="checkbox"/> <b>Systems-based practice</b>, as manifested by actions that demonstrate in 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><input type="checkbox"/> Evidence of <b>professional standing</b> such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.</p> <p><input type="checkbox"/> Evidence of a <b>commitment to lifelong learning</b> and Involvement in periodic self-assessment process to guide continuing learning.</p> <p><input type="checkbox"/> Evidence of <b>cognitive expertise</b> 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><input type="checkbox"/> 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 physician behaviors, such as communication and professionalism, as they relate to patient care.</p>

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